



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

August 27, 2020

### Supplemental Nutrition Assistance Program Manual - Volume V

#### Transmittal #27

This transmittal contains annual updates to elements used to determine eligibility and benefit amounts for the Supplemental Nutrition Assistance Program (SNAP). The SNAPET procedures were updated to incorporate the Virginia Career Works Portal registration requirement.

The provisions of this transmittal are effective October 1, 2020 for all SNAP applications filed or actions taken on cases on or after October 1, 2020.

The certification manual and this transmittal are available at <https://snapmanual.dss.virginia.gov/FoodStampManual/mainpage.jsp>.

Changes are noted for the following sections:

---

Chapter	Significant Changes
Part III Pages 9-10	Correction made to the Verification at Recertification chart to reflect changes in unearned income of \$100 or more must be verified.
Part VI Pages 3-6	The maximum income amounts were increased to allow separate household status for disabled, elderly persons from others in the household.  Minimum amounts for boarders to pay for lodging and food were increased.

---

Chapter	Significant Changes
Part X Pages 1-9	<p>The amounts for the standard deductions for a household of 4 or more were increased. The minimum standard deduction for household sizes 1 through 3 remained unchanged at \$167.</p> <p>The maximum shelter deduction was changed from \$569 to \$586.</p> <p>The utility standard amounts were decreased. The amount for households with one to three members is \$302 and \$377 for households with four or more members. The previous amounts were \$303 and \$379, respectively. The telephone standard is unchanged at \$61.</p> <p>The homeless shelter allowance was changed from \$152.06 to \$156.74.</p>
Part XI Pages 1-2	<p>The gross and net income limits were increased.</p>
Part XII Pages 5-6	<p>The allowable costs for daycare providers were changed. The amounts are \$1.39 for breakfast, \$2.61 for lunch/supper, and \$.78 for snacks.</p>
Part XIV Pages 1-2	<p>Income amounts for reporting changes were revised.</p>
Pages 11-12	<p>The Case Transfer policy was revised to maintain consistency with the Local Agency Action on Changes policy allowing the shelter costs to be removed from the SNAP Calculation, if the household fails to provide the new shelter costs.</p>
Part XXIII Entire Chapter	<p>The allotment tables were revised.</p>
Part XXIV Pages i-ii	<p>The Table of Contents was revised.</p>
Pages 54-56	<p>The Change Report Form was revised to reflect the increased income amounts.</p>

---

Chapter	Significant Changes
---------	---------------------

---

Part XXV  
Pages 3-6

The SNAPET procedures were updated to incorporate the Virginia Career Works Portal registration requirement.

Direct questions about this transmittal to practice program consultants or Michele Thomas at [michele.thomas@dss.virginia.gov](mailto:michele.thomas@dss.virginia.gov) or at (804) 726-7866.

---

S. Duke Storen  
Commissioner

Attachment

contact. The local department is not required to use a collateral contact designated by the household if the collateral contact cannot provide accurate third party verification. When the collateral contact designated by the household is unacceptable, the eligibility worker must ask the household to designate another collateral contact or the eligibility worker will designate the collateral contact. The eligibility worker is responsible for obtaining verification from acceptable collateral contacts.

The eligibility worker may contact only those persons designated as collateral contacts with the permission of the household. In the absence of documentary evidence and any other source of verification, the eligibility worker must determine the amount to use for certification purposes based on the best available information.

In instances when outside knowledge of an application for SNAP benefits may jeopardize the employment or safety of the applicant household, the agency must determine that that verification source is unavailable. Examples include an employer or a migrant worker's crew leader who may discourage participation in the Supplemental Nutrition Assistance Program, in which case, the eligibility worker must use another source.

#### C. DOCUMENTATION (7 CFR 273.2(f)(6))

The eligibility worker must document case files to support eligibility, ineligibility, and benefit level determinations. The documentation must be sufficiently detailed to permit a supervisor or reviewer to determine the reasonableness and accuracy of the determination. The documentation must also indicate that the household received all available options to which it is entitled. At a minimum, the eligibility worker must document the following:

1. The reason for withdrawal of an application, if the household provides a reason and confirmation of the withdrawal. (Part II.B.4.)
2. Details regarding refusal to cooperate. (Part II.C.)
3. The reason the eligibility worker considered information questionable and the information used to resolve the questionable information. This should include an evaluation of the household's actual expenses, if allowing the utility or telephone standard causes the expenses to exceed the income. This evaluation should address if there are unreported sources of income or resources when the income is insufficient to allow the household to meet its financial obligations. (Part III.A.2.)
4. The reason the eligibility worker considered an alternate source of verification (a collateral contact or home visit) necessary. Note that in verifying residency, a collateral contact is a primary source of verification. (Part III.A.3.)
5. The reason the eligibility worker rejected a collateral contact and requested an alternate or why the agency designated the collateral contact. (Parts III.A.3 and III.B.)
6. A statement that the use of actual utility costs, actual medical expenses, or actual homeless shelter expenses was a decision made by the household. (Part X.A.)
7. Results of record/information systems reviews for pending applications. (Part III.B.)

8. An explanation as to why the household could not reasonably verify residency, e.g., the household has just recently arrived in the locality. (Part III.A.1.a.)
9. Whenever the agency must verify earned income, the eligibility worker must verify and document the rate and frequency of pay. The eligibility worker must determine the payment cycle and document on what day(s) the household member receives pay and when the wages earned during a pay period are available.
10. The number of hours, period and place of employment or other activity used to regain eligibility for the work requirement. (Part XV.C.)

D. VERIFICATION AT RECERTIFICATION (7 CFR 273.2(f)(8))

At recertification, the eligibility worker must verify eligibility factors to determine a household's continued eligibility for SNAP benefits and the amount of benefits to which the household is eligible. In most instances, the eligibility worker must verify only the elements that have changed since the last verification. The eligibility worker must not verify unchanged information unless the information is incomplete, inaccurate, or inconsistent.

In addition to the verification requirements for recertification applications, the eligibility worker must monitor all available information systems for all household members as addressed in Part III.B.

Households must supply requested verifications to allow the eligibility worker to anticipate income and expenses properly for the new certification period. Generally, the eligibility worker must request information from the month before the last month of certification. For households that file recertification applications after the certification period ends or in the month before the last month of certification, the eligibility worker must request verification that reasonably will reflect the first month of the new certification period.

The following chart lists items the eligibility worker must verify at recertification.

Verification at Recertification

Earned income	Verify amount.
Unearned income	Verify changes in the source or the amount if changed by more than <b>\$100</b> .
Medical expenses: Medical standard deduction used during previous certification period	Household must declare monthly expenses of \$35 or more. Verify only if questionable.
Medical standard deduction was not used during previous certification period	Household must verify monthly expenses of \$35 or more.
Actual expenses exceeding \$235 per month	Verify any previously unreported or recurring expenses if changed by more than \$25. Verify any expenses reasonably expected to be incurred in the certification period.

4. Special Consideration for Elderly and Disabled People (7 CFR 273.1(a)(2)(ii))

Normally, everyone who lives together and who purchases and prepares meals together must be a household for SNAP purposes. However, separate household status may be allowed for a person who is 60 years of age or older and who has a permanent disability, as recognized under the Social Security Act, or one who has a non-disease-related, severe, permanent disability. Separate household status will also be allowed for the spouse of an elderly, disabled individual and children under the age of 18 for whom parental control is exercised. The gross income of the remaining household members may not exceed 165% of the Federal Poverty Income Guidelines, as listed below:

<u>Household Size</u>	<u>165% Limit</u>	<u>Household Size</u>	<u>165% Limit</u>
1	<b>\$1,755</b>	6	<b>\$4,835</b>
2	<b>2,371</b>	7	<b>5,451</b>
3	<b>2,987</b>	8	<b>6,067</b>
4	<b>3,603</b>	each additional	
5	<b>4,219</b>	member	<b>+\$616</b>

Do not count the income of the elderly, disabled person and spouse for this calculation. The elderly, disabled person is responsible for obtaining the cooperation of the other individuals in providing necessary income information to the local department of social services.

The key factor in determining whether a disability qualifies a household for separate status under this provision is the inability to purchase and prepare meals. Assessment of a disability under the Social Security Act, as well as other disability programs, is based on an inability to work. The worker must not automatically assume a disability constitutes an inability to purchase and prepare meals apart from others.

No specific verification is required if it is obvious to the worker that the person in question could not purchase and prepare meals. However, when the inability to purchase and prepare meals is not obvious, the worker should request a statement from a physician that the person is unable to purchase and prepare meals separately.

Note: This section does not apply to elderly or disabled individuals whose food is usually purchased and prepared separately from others by someone else.

5. Residing Together Determinations

In some situations, it may become difficult to determine separate household status for people who live together in the same house. Consider factors, such as, but not limited to the following, to determine separate household status:

- a. If there are separate, identifiable units within the dwelling, separate households probably exist.
- b. If common facilities, such as a kitchen and/or a bathroom are shared, separate households probably do not exist.

- c. If a dwelling is constructed as a single-family home, separate households probably do not exist but, a dwelling constructed as a multi-family structure (e.g., a duplex, apartment building), separate households probably exist.

Examples

- 1) A 20-year-old woman lives in two rooms in her parents' basement. She has a bed, sofa, refrigerator, hotplate, etc., but uses the kitchen and bathroom in her parents' home. All residents must participate together since this is a single-family dwelling and common facilities are shared.
- 2) Individuals live together in the same house. One person lives in an apartment in the basement. The apartment contains a kitchenette and bathroom along with other living space. Since the apartment is a separate, identifiable dwelling unit, the residents are not considered as living together.
- 3) Individuals live in separate rooms in a hotel, but must share a bathroom down the hall. Since they live in separate, identifiable units, they are not required to participate together even though they share common facilities.

These types of situations require careful case-by-case evaluation, and the worker must take care not to impose rigid guidelines, such as requiring a separate unit to have a kitchen, or requiring separate units within one dwelling to have separate entrances. Document how the decision to consider persons residing together or not was determined in these types of situations.

6. Household Membership of Those Frequently Away From Home

Use the following guidelines to determine household membership when an individual is frequently away:

- a. If an individual spends at least 15 days per month in the home and otherwise meets the definition of a household member, as described in Part VI.A.1 and Part VI.A.2, consider the individual a household member.
- b. If an individual spends fewer than 15 days per month in the home, the applicant may choose whether to include the individual as a household member, provided the individual otherwise meets the definition of a household member and is not certified for SNAP benefits elsewhere. If the individual, who is frequently away, is the spouse of a household member, consider the individual as a household member unless the household can present an address to document where the spouse resides the rest of the month. A required household member, who is part of more than one household, must be considered a member of the unit where the majority of time is spent, if both units apply for SNAP benefits.

Example

Household A receives SNAP for a child who visits on the weekends. Household B subsequently applies for SNAP and includes the child, as the child resides with Household B the majority of the time. The child must be removed from Household A's case, and added to Household B's case.

If the applicant excludes an individual who is frequently away from the home, that individual may not participate as a separate household at the same address if the individual is a required household member, as described in Part VI.A.2.

B. **BOARDERS (7 CFR 273.1(c))**

1. Those Eligible to Participate

An individual residing with a household and paying reasonable compensation to the household for lodging and meals is considered a boarder.

Boarders in commercial boarding houses are ineligible to participate in the program. A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. A commercial establishment, located in an area without licensing requirements, that offers meals and lodging for compensation with the intention of making a profit will also be classified as a commercial boarding house. The number of boarders residing in the house is not a determining factor.

Other boarders are ineligible to participate in the program independent of the household providing the board. They may participate as members of the household providing the board at that household's request. If boarders are excluded, their income and resources will not be considered available to the household providing the board.

The household with which the boarder resides (including the household of the proprietor of a boarding house) may participate in the program, if they meet all the eligibility requirements for participation.

2. Making Boarder Determinations

If an applicant household identifies any individual in the household as a boarder, apply the following conditions to determine if boarder status shall be granted. Boarder status will not be granted to any of the following:

- a. The spouse of a member of the household.
- b. Children under 18 years of age under parental control of a member of the household.
- c. Children under 22 years of age living with their natural, step- or adoptive parents as long as parental rights have not been terminated or severed through divorce.
- d. Persons paying less than a reasonable monthly payment for meals.
  - 1) An individual furnished both meals and lodging but paying less compensation than a reasonable amount, will be considered a member of the household that provides the meals and lodging.

Only direct money payments (cash, check, money order) to the household count in making this evaluation. In no event may SNAP benefits be paid for meals and be credited toward the monthly payment. If payment for meals alone cannot be distinguished from payment for lodging and meals, the full payment amount will be used to make the determination.

- 2) A reasonable monthly payment must equal or exceed the following amounts if the boarder takes two meals or less per day in the home.

Number of boarders being considered as a separate household	Minimum monthly payment required This is two-thirds of the maximum benefit amount, rounded down to the nearest whole dollar amount, for each household size indicated.
1	<b>\$136</b>
2	<b>249</b>
3	<b>356</b>
4	<b>453</b>
5	<b>538</b>
6	<b>646</b>
7	<b>714</b>
8	<b>816</b>

- 3) A reasonable monthly payment must equal or exceed the following amounts if the boarder takes more than two meals per day in the home.

Number of boarders being considered as a separate household	Minimum monthly payment required This is the maximum benefit amount for each household size indicated.)
1	<b>\$ 204</b>
2	<b>374</b>
3	<b>535</b>
4	<b>680</b>
5	<b>807</b>
6	<b>969</b>
7	<b>1,071</b>
8	<b>1,224</b>

If a single board payment is made for more than one boarder, all boarders for whom the payment is made must be considered as a single household.

**Example**

A mother and daughter board with another household. The mother pays board to the landlord for herself and her daughter. The mother and daughter must be considered as one household if their board payment is equal to or greater than the required minimum monthly payment.

Individuals furnished only meals are not considered boarders. These individuals must be considered members of the household where most of the meals are taken.

A. INCOME DEDUCTIONS (7 CFR 273.9(d))

Financial eligibility of a household is based on gross or net income, as described in Part XI.A. Benefit level is based on net income which is defined as the total of all countable income, both earned and unearned, after appropriate allowable deductions have been made.

In evaluating expenses toward the calculation of the net income, the household is given credit only for expenses for which a money payment is made or due to someone outside the household. Except for Low-Income Home Energy Assistance Program (LIHEAP) payments, deductions will not be allowed for expenses or the portion of expenses made through vendor payments or for which the household will be reimbursed. LIHEAP participants (Virginia Energy Assistance Program) may have actual utility expenses considered or may have the utility standard applied even if the expenses are covered by fuel assistance vendor payments but, utility expenses reimbursed or paid through HUD or FmHA utility reimbursements are not deductible.

All households with income will be allowed the following deductions, if appropriate, in determining net income. The worker must assess each potential deduction and use the allowable standard amounts unless the household elects to use actual amounts or is not entitled to use the standard. The worker must also assess who has responsibility to pay expenses and whose income is used to pay in order to determine if the full expense or a prorated amount is used. If an eligible household member is responsible for an expense or pays an expense, the household is entitled to the full expense. If a disqualified household member is responsible for an expense or pays an expense, the expense may be subject to proration as allowed by Part 12.E.

1. Standard Deduction (7 CFR 273.9(d)(1))

Each household is entitled to a standard deduction from the total gross income of the household. The amount of the deduction is dependent on the number of eligible household members. For the purpose of determining the standard deduction, household size will not include disqualified or ineligible members.

Household Size	Standard Deduction
1-3 members	\$167
4 members	<b>\$181</b>
5 members	<b>\$212</b>
6 or more members	<b>\$243</b>

2. Earned Income Deduction (7 CFR 273.9(d)(2))

Each household with countable earned income may have an earned income deduction. Twenty (20) percent of the countable gross earnings will be deducted.

The earned income deduction is not allowed when determining the amount over issued if the basis for the claim is because the household failed to report earned income timely.

3. Dependent Care Expense (7 CFR 273.9(d)(4))

Dependent care expenses are allowed as a deduction only if it is necessary for household

members to accept or continue employment, seek employment, comply with employment and training requirements, attend training or pursue education that is preparatory for employment. The expense may be incurred for the care of a child or other dependent. An expense that could qualify as a dependent care expense or a medical expense may be allowed as either, dependent care or medical, but not both.

See Part III.A for verification requirements of dependent care expenses. Verification is needed only if the household's declaration is questionable. Acceptable forms of verification include a signed statement from the provider, receipts signed by the provider, or statements from agencies or organizations assisting with child care expenses.

4. Shelter Expense (7 CFR 273.9(d)(5))

The cost of shelter is allowable after all other deductions have been determined. The worker must add together all expenses that are part of the cost of shelter, except food, to arrive at a total shelter cost figure. That portion of the monthly shelter costs that exceeds 50 percent of the household's adjusted net income will be a deduction, up to **\$586** per month, except as noted below. The adjusted net income is determined by subtracting the standard deduction, earned income deduction, dependent care deduction, child support deduction, homeless shelter standard and medical deduction from the total gross income.

The allowable deduction for shelter may not exceed **\$586** except for households that contain a member who is 60 years of age or older or who is disabled, as defined in Definitions. Households with an elderly or disabled member may receive an excess shelter deduction that exceeds the shelter maximum allowed for other households. These households will receive the actual amount that exceeds half the adjusted net income.

In determining the amount to use as the cost of shelter, the following expenses will count unless vendor payments are made on a household's behalf, except as noted in item e. See Parts XI.F.3 and XIII.B for a discussion of vendor payments. Note the special provisions in section 7 for assessing shelter costs for homeless households.

- a. Rent, mortgage, loan payments, or other continuing charges that lead to ownership of a home, mobile home, or other type of shelter, are allowable. This includes second and/or third mortgages and condominium or association fees. It includes the initial cost of moving a mobile home from a dealer to a lot, along with any set-up charges at the lot. For a subsequent move of a mobile home, only the set-up costs at the new lot are allowable. Costs incurred by a tenant in lieu of full or partial rent are allowable rental costs, provided the arrangement is with the mutual agreement of the landlord.
- b. Real estate taxes or personal property taxes on mobile homes are allowable. Taxes on the contents are not allowable.
- c. Insurance premiums on the home structure are allowable. Separate costs for insuring furniture or personal belongings are not allowable. If insurance premiums on the home structure are combined with other costs that cannot be separated, the total premium is allowable.

- d. Repair costs that result from a fire or flood or a similar disaster are allowable, provided the household will not receive reimbursement or assistance from some other source such as insurance or private or public relief agencies. The disaster does not have to be a presidential declaration but can be a personal disaster, such as a fire damaging only one home.
- e. Utilities incurred separately and apart from the rent or mortgage cost are allowable. Actual direct utility costs may be used in determining shelter costs, even if LIHEAP covers the costs by a vendor payment.

In some situations, the household may be entitled to use the utility standard as its utility expense, rather than its actual utility expenses.

A standard utility allowance has been established based on the number of persons in the residence. The standard includes an allowance for heat, electricity, gas, water, sewerage, septic tank maintenance fees, garbage collection and telephone. A household may use the standard utility allowance only if the household is responsible for a heating or cooling expense, or it receives LIHEAP benefits at the current residence.

Number of Persons	Utility Standard
1 - 3	<b>\$302</b>
4 or more	<b>\$377</b>

Multiple family units living in the same residence may have only one standard utility allowance for the residence, based on the total number of people in the residence. The agency must divide the one utility standard among the units that contribute to meeting heating or cooling costs, regardless of whether each unit is applying for or receiving SNAP benefits. In these instances, each unit may use only its prorated share of the standard allowance, unless it uses its actual costs. The agency may not prorate the standard allowance if the nonhousehold members are all excluded from the household because they are ineligible to receive SNAP benefits.

Example

A three-person SNAP unit lives in a house with another person. The SNAP unit and the other person each pay half of the heating costs. The SNAP unit's standard utility allowance is \$188.50, i.e. \$377 based on total number of persons in the home (4 or more) divided by 2, the number of units contributing to heating costs. The SNAP unit may opt to use \$188.50 as its utility costs, or may use its actual utility expenses.

Only those households that receive LIHEAP payments for its current residence or that are responsible for an identifiable heating or cooling expense or an established percentage of an identifiable expense have the option of the utility standard. A cooling cost is a verifiable utility expense relating to the operation of air conditioning systems or room air conditioners. A heating cost is a verifiable utility expense for a primary fuel source.

Examples

- 1) The SNAP household pays for electricity that the household needs to operate the oil furnace. Other persons in the home buy oil. The SNAP household is not entitled to the utility standard since there is no expense for the primary fuel source. The actual electric bill is allowable since this is a direct utility expense.
- 2) A SNAP household cuts its own wood. This wood is free, but the household incurs expenses for gas and oil for the chain saw. The household may not use the utility standard since the household does not incur an expense for the primary fuel source. The actual incidental expenses connected with obtaining the wood are not allowable since these are not direct utility expenses.

If a household incurs a utility expense, such as electricity or gas, that includes heating or cooling along with other uses, e.g., cooking or lights, the utility standard may still be used. If the household does not incur a separate expense for heating or cooling, it is not entitled to the utility standard unless it receives LIHEAP payments. Actual costs of utilities incurred by households that are not entitled to the utility standard are allowable expenses.

Households that have their utilities included in their rent, but who may, on occasion, have to pay an excess utility charge, may not claim the utility standard unless they receive LIHEAP payments. Households that receive HUD or FmHA payments may use the utility standard if they are responsible for utility costs beyond the HUD or FmHA payment. Households that pay a flat amount, not a percentage, for utilities to the homeowner instead of the utility vendor may not use the utility allowance. Actual or anticipated amounts for these utility charges are allowable.

If a household incurs a heating or cooling expense at any point during the year, or if such an expense is anticipated, or the household received a LIHEAP payment during the period of time covered by the utility standard, or such a payment is anticipated, the utility standard may be used by the household for the full year.

Examples

- 1) A household buys oil twice a year in November and February to heat the home. This household is entitled to use the utility standard for the full twelve months of the year.
- 2) A household lives in an apartment where heat is included in the rent. The household, however, uses an air conditioner in the summer and is responsible for the electric bill for the apartment. Since a cooling expense is incurred, the household is entitled to use the utility standard for the full twelve months of the year.

Each household must receive a thorough explanation of the options available in considering utility expenses. The household may switch between use of the standard and actual costs only at the time of certification. If a household moves while certified, the household may switch from one to the other. If the household initially chose to use actual utility costs but the utility standard was allowed because the household failed to declare costs or verify questionable information timely, the household may not switch to actual costs until recertification once the verification is provided.

- f. The utility standard includes the basic service fee for a telephone so a household that uses the utility standard may not also claim a separate telephone expense. For a household that uses actual utility expenses and who incurs an expense for basic telephone service, or has an established percentage of such an expense, the household must use a telephone standard of \$61, or the appropriate percentage of the standard.

The agency must divide the telephone standard among households sharing the expense. A telephone expense is allowable even if the household is not entitled to any other utility allowance.

Example

Two SNAP units live together and each pays half of the telephone bill. The bill includes charges for basic service. Each household will receive half the telephone standard as its telephone expense.

- g. Initial installation fees charged by a telephone, utility, or septic tank company are allowed as an expense, over and above the cost of the actual utility. Initial installation fees are allowable even if the utility or phone standards are used. The household may choose to have the installation bill averaged over the months in the certification period or to have the bill assigned to the month received or due. If a payment or budget plan has been established, the expense may be allowed for each month in the payment plan.
- h. One-time deposits for utilities, telephones, housing, etc., will not count as shelter costs.
- i. Shelter expenses, as described above, include the costs for a home (owned or rented) that is temporarily unoccupied provided the household intends to return to the home. The home may be unoccupied because of employment, training, illness, or a natural disaster or loss. If the household has shelter expenses for both an occupied and unoccupied home, the household is entitled to only one utility or telephone standard.

The cost of shelter cannot be claimed if the vacated home is rented to someone else or if a rent-free occupant is claiming the cost of shelter for the home for SNAP purposes.

- j. Verification requirements for shelter expenses are addressed in Part III.A. Verification is needed only if the household's declaration is questionable. Receipts or statements from the provider are sources of acceptable verification if such proof is needed.

5. Medical Expenses (7 CFR 273.9(d)(3))

The cost of medical expenses incurred by elderly or disabled household members, excluding special diets, is allowed as a deduction for those households when the cost exceeds \$35 a month. If the cost is \$35 or less, no deduction is allowed. The \$35-limit applies to the entire household and is not applied individually to the expenses of members who may be entitled to a deduction.

A medical standard deduction of \$200 has been established. Households must verify that eligible members incur more than \$35 in allowable medical expenses per month to get the medical standard deduction. Households that incur more than \$235 in allowable medical expenses per month may opt out of using the medical standard deduction. These households may verify and claim all their medical expenses and have them evaluated as allowed by Part XIII.B.4. Households may switch between the medical standard deduction and actual costs only at the time of certification except when the household was not previously entitled to the standard. Once imposed, the medical standard deduction will remain in place for the balance of the certification period as long as the household contains at least one elderly or disabled member who was part of the household at certification.

Persons who are 60 years of age or over or who are disabled, as described in Definitions, may be eligible for the medical deduction. An individual must be elderly or disabled when the medical expense is incurred. Spouses or other persons receiving benefits as a dependent of the eligible individual are not entitled to the medical deduction.

- a. Allowable expenses include:
  - 1) Medical and dental care, including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by state law or other qualified health professional.
  - 2) Hospitalization or outpatient treatment, nursing care, and nursing home care. Costs for persons who were household members immediately prior to entering a nursing home or hospital, will also be allowed.
  - 3) Prescriptive drugs, when prescribed by a licensed or qualified practitioner, and other over-the-counter medication (including insulin, aspirin, antacids, etc.) which is approved by a licensed or qualified practitioner. Cost of medical supplies, sick room equipment (including rental) or other prescribed equipment are deductible.

- 4) Health and hospitalization insurance policy premiums. Costs of health and accident policies such as those payable in lump sum settlements for death or dismemberment are not allowed. Costs of income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled are also not deductible.
- 5) Medicare premiums related to coverage under Title XVIII of the Social Security Act and any cost-sharing or spend-down expenses incurred by Medicaid recipients.
  - If a Medicaid application is pending when the SNAP benefit application is approved, the Medicare premium is allowed as a medical expense.
  - If a Medicaid application has already been approved when the SNAP benefit application is approved, the Medicare premium is not allowed as a medical expense once Medicaid actually begins paying the expense as verified through SOLQ-I or SVES.
- 6) Costs of dentures, hearing aids, and prosthetics.
- 7) Costs of securing and maintaining a Seeing Eye or hearing dog or other attendant animal as well as veterinarian bills and food for the animal.
- 8) Costs of eyeglasses prescribed by a physician skilled in eye disease or by an optometrist.
- 9) Reasonable costs of transportation and lodging to obtain medical treatment or services. Actual verified amounts may be used. If specific amounts cannot be verified, then the prevailing rate in the community or the state mileage allowance must be used.
- 10) Costs of maintaining an attendant, homemaker, home health aide, or child care services or housekeeper, necessary due to age, infirmity, or illness. In addition, an amount equal to the one-person benefit allotment must be deducted if the household furnishes more than half of the attendant's meals. The benefit allotment that is in effect at the time of initial certification will be used and the local agency is only required to update the allotment amount at the next recertification, if there has been an adjustment in coupon allotments.

If a household incurs attendant care costs, as defined above, that qualify as both a medical deduction and dependent care deduction, the expense may be allowed as a medical expense or a dependent care expense, but not both.
- 11) Telephone fees for amplifiers and warning signals for disabled persons and costs of typewriter equipment for the hearing impaired. (These costs may not be entered as shelter costs.)

The expenses listed above are also allowable when incurred by a household member who is now deceased and which now are the responsibility of the remaining household members.

b. Disallowed Expenses:

Only those costs listed above will be considered as a medical expense. Any portion of the cost that is reimbursable by insurance policies or covered by Medicaid will not be given as a deduction until the household verifies the portion of the cost that is its responsibility.

Example

A household consists of one member who is 64 years old. An allowable medical expense of \$200 is incurred monthly. Insurance policies reimburse the household \$100 a month for the expense. Disallowing the first \$35 a month, the monthly medical deduction for this expense is \$65 if the household elects to use actual amounts instead of the medical standard deduction.

6. Homeless Shelter Allowance

Households in which all members are homeless, as defined in Definitions, are allowed a deduction for incurred or estimated shelter expenses. The homeless shelter standard is **\$156.74** per month. This standard is not calculated as part of the shelter expense deduction described in section 4 of this chapter.

To be eligible for the homeless shelter allowance, a household must incur or reasonably expect to incur shelter costs during a month. Homeless households that incur no shelter costs during the month and anticipate none are not be eligible for the shelter allowance.

Accept the household's declaration of expenses unless the declaration is questionable. If the EW determines that verification is needed but the household has difficulty in obtaining traditional types of verification of shelter costs, the EW must use prudent judgement in determining if verification is adequate.

Example

A homeless individual claims to have incurred shelter costs for several nights at a hotel. The costs reported are reasonable. The EW may accept this information as adequate and allow the household to use the shelter estimate.

No other shelter costs, including the utility standard or telephone standard, may be used if the homeless shelter allowance is used. The homeless shelter allowance also may not be used if the household claims shelter costs that exceed the allowance. Higher or other shelter costs must be handled as a part of the shelter expense deduction (Part X.A.4) in which case, the household may or may not receive an actual deduction.

B. VERIFICATION OF DEDUCTIONS (7 CFR 273.2(f)(3))

If a deductible expense must be verified and obtaining the verification may delay the household's certification, the local department of social services must advise the household that the household's eligibility and benefit level may be determined without providing a deduction for the unverified expenses being claimed. If the expense cannot be verified within 30 days of the date of application, the local department must determine the household's eligibility and benefit level without providing a deduction for the unverified expense. If a household wants to claim actual utility costs but does not provide verification of its questionable shelter expenses by the 30th day, the utility standard must be allowed if the household is entitled to it. The household is not entitled to restoration of lost benefits when expenses are not deducted because verification could not be obtained. If, however, the expense could not be verified within the thirty-day processing standard because the local department failed to allow the household at least 10 days to provide the verification, lost benefits must be restored.

If a household would be ineligible without a deductible expense, on the 30th day from the date that the initial application or reapplication was filed, the worker must send the household the Notice of Action to extend the pending status of the case. If the lack of verification is the fault of the household, the household will have an additional 30 days to take the required action. If eligible, the household is entitled to benefits only from the day the household provides the last verification or takes the last required action. (See Part II.G.2.). If the lack of verification is the fault of the local department of social services, and the household is eligible, the household is entitled to benefits retroactive to the month of application. (See Part II.G.3.). If a recertification application is filed, verification time frames at recertification (Part IV.C.4) will apply and the ability to extend the pending status of the application is not allowed.

A. INCOME ELIGIBILITY STANDARDS (7 CFR 273.9(a))

To be eligible for SNAP benefits, the countable gross monthly income of households may not exceed the monthly income limits shown below in Chart #1. The gross income limits in Chart #1 do not apply to households with at least one member who is 60 years of age or over or with at least one member who is disabled, as described in Definitions. This exception will also apply to a household with a member whose 60th birthday is in the month of application

For self-employed households, the EW must exclude the cost of doing business to determine the countable income.

All households, except those that are categorically eligible, must be determined eligible based only on net income (gross income less allowable deductions listed in Part X.A). The maximum net income limits are shown in Chart #2.

INCOME ELIGIBILITY LIMITS		
Household Size	CHART #1 Gross Income Maximum	CHART #2 Net Income Maximum
1	<b>\$1,383</b>	<b>\$1,064</b>
2	<b>1,868</b>	<b>1,437</b>
3	<b>2,353</b>	<b>1,810</b>
4	<b>2,839</b>	<b>2,184</b>
5	<b>3,324</b>	<b>2,557</b>
6	<b>3,809</b>	<b>2,930</b>
7	<b>4,295</b>	<b>3,304</b>
8	<b>4,780</b>	<b>3,677</b>
Each additional member	<b>+486</b>	<b>+374</b>

Net income determines the amount of SNAP benefits all eligible households will receive. While categorically eligible households, as defined in Part II.G.3, do not have to meet either the gross or net income eligibility standards, the net income limits will determine entitlement to an allotment even for these households.

B. COUNTABLE INCOME

Countable income is all household income, earned and unearned, from whatever source, excluding only that income specified in Part XI.F.

Income received by one person for another person or for multiple beneficiaries is considered the income of the person receiving it, unless the provisions of Part XI.G (earned income of several members combined into one payment) apply. Evaluate any income exclusions, such as third party fund exclusion, according to Part XI.F.

When verification of income is required, the local department of social services must verify gross amounts and the rate and frequency (i.e., weekly, semi-monthly, etc.) of the income received. For income received more often than monthly, verify the payment cycle, i.e., the day the income is received.

C. EARNED INCOME (7 CFR 273.9(b)(1))

Earned income includes:

1. Wages and Salaries

All wages and salaries for services performed as an employee. This includes wages held by an employer at the employee's request and advances on wages, as discussed in Part XII.G. Gross wages are considered regardless of the amount and nature of deductions, unless any portion of the gross pay is excludable under Part XI.F or, if the gross amount reflects credit for employee benefits. In situations where benefits are reflected as credits and where the employee cannot elect to receive a cash payment, the amounts shown on the pay stub will not count as income. If an employee elects to have money withheld from the earnings to pay for employee benefits, that money must be counted as income.

Consider vacation pay as earned income if the employer still considers an individual as an employee. Consider sick pay as earned income if the payment to the employee is made directly from the employer or through the employer from insurance obtained by the employer. Consider sick pay as unearned income if the payment is made directly from an insurance company to the employee.

If an individual has terminated employment, consider severance pay and accumulated vacation and sick pay as earned income if the individual receives more than one installment. Severance and accumulated pay will be a lump sum resource if the individual receives only one payment. Laid-off employees are terminated employees for the purposes of this policy. If a laid-off employee opts not to withdraw vacation and/or sick pay, the value of such funds counts an available resource.

Consider bonus pay as earned income.

2. Self-Employment Income

The gross income from a self-employment enterprise, including the total gain from the sale of any capital goods or equipment related to the business, excluding the cost of doing business. (See Part XII.A.)

Ownership of rental property is a self-employment enterprise; however, income derived from the rental property counts as earned income only if a household member actively manages the property for a minimum of 20 hours a week.

Payments from roomers and boarders count as earned self-employment income.

3. Training Allowances

Training allowances from vocational and rehabilitative programs recognized by federal, state or local governments when they do not constitute a reimbursement. (See Part XI.F.) These include, but are not limited to, vocational rehabilitation incentive payments.

- g. identifiable shelter costs needed for the business enterprise.

For households whose mortgage payments represent an investment in the household's residence as well as an investment in income producing property, the mortgage payment, interest, and taxes will be deductible only as part of the household's shelter costs and not as a cost of producing income. If the household can document, however, that costs on that portion of the home used in the self-employment enterprise are separate and identifiable, payments on the mortgage principal, taxes, interest, and other identifiable costs may be deducted as a cost of doing business.

6. Costs Not Allowed (7 CFR 273.11(a)(4)(ii))

The following items are not deductible as a cost of doing business:

- a. net losses from previous periods.
- b. federal, state, and local income taxes.
- c. money set aside for retirement purposes.
- d. other work related personal expenses, such as transportation to and from work.
- e. depreciation.

NOTE: "b", "c", and "d" are included in the 20% earned income deduction.

7. Allowable Costs of Producing Income for Day Care Providers

When day care is provided in the home of a member of one household to children other than those living in the same SNAP household, an allowance must be made for the cost of meals and snacks that are provided. The allowance is as follows, unless the provider documents actual costs that exceed these amounts:

Breakfast - **\$1.39** per meal; Lunch or Supper - **\$2.61** per meal;  
Snacks - **\$.78** per meal.

Money paid to day care providers under Section 12 of the School Lunch Act to serve meals to children, other than their own, is countable. Allowable business costs, as described above, are given.

8. Net Loss from Farm or Fishing Operations (7 CFR 273.11(a)(2)(iii))

Self-employed farmers, as defined in Part XII.A.1.b, and self-employed fishermen may have a net loss once allowable costs of doing business are deducted from gross farm income. If the farmer or fisherman receives annual gross proceeds of \$1,000 or more from the farming or fishing enterprise, any net loss amount must be prorated over the year in the same

manner used to prorate the farm or fishing income. Losses from farm or fishing self-employment enterprises are offset in two phases. The first phase is offsetting against non-farm or fishing self-employment income. The second phase is offsetting against the total of earned and unearned income. The gross income eligibility standard is applied after offsetting. The earned income deduction is based on wages and salaries, and any income from self-employment remaining after the first phase of offsetting.

9. Depreciation

Depreciation is not allowed as a cost of producing self-employment income for equipment, machinery or other capital investments necessary to the self-employment enterprise.

B. BOARDERS (7 CFR 273.11(b))

The income of households owning and operating a commercial boarding house is handled as self-employment income under Part XII.A.2 and 3. A commercial boarding house is an establishment licensed as a commercial enterprise that offers meals and lodging for compensation. In localities without licensing requirements, a boarding house is a commercial establishment that offers meals and lodging for compensation with the intent of making a profit. The number of boarders residing in a boarding house is not used to determine if a boarding house is a commercial enterprise.

For all other households containing boarders, the income from the boarders must be calculated following the procedures in this chapter. See Part VI.B. to determine boarder status.

1. Income from the Boarder

The income from boarders must include all direct payments to the household for room and meals, including payments to the household for part of the shelter expenses. Shelter expenses paid by boarders directly to someone outside the household (such as a landlord or utility company) are not counted as income to the household.

2. Cost of Doing Business

To determine the net amount of countable income from a boarder the EW must deduct the cost of doing business from the gross monthly income figure.

The cost of doing business is equal to one of the following:

- a. The maximum SNAP benefit amount for the number of boarders If the boarders are provided more than two meals per day; or,
- b. Two-thirds of the maximum SNAP benefit amount for the number of boarders If the boarders are provided two meals or less per day; or,
- c. The actual documented costs for providing room and meals, if they are higher than the appropriate SNAP benefit amount.

## A. CHANGES DURING THE CERTIFICATION PERIOD

When changes occur within the certification period that affect the household's eligibility or the amount of the benefit allotment, the agency must act to adjust the household's benefit level. The responsibility for changes lies with both the recipient household and the local department of social services. The household must report certain changes in income and household status; the local department of social services must act to make adjustments in entitlement and benefit level based on reported changes and for changes the agency initiates. Households certified for seven months or longer must file an Interim Report about their circumstances during the certification period except households certified through the VaCAP component.

1. Changes that Must Be Reported

The length of the certification period determines change-reporting requirements for each household.

## a. Certification periods - one to four months

Households certified up to four months must report the following items:

- Change in household composition with members moving in or out of the SNAP household;
- Change in the household's residence and shelter costs that result from a move;
- Change in legally obligated child support paid outside the household;
- Change in total liquid resources that exceed the allowable limit of \$3,500 for households that have a member who is elderly or disabled or \$2,250 for all other households;
- Receipt of lottery or gambling winnings of \$3,500 or more;
- Change if the number of hours worked per week for persons who are subject to time-limited benefits is less than 20 hours per week.
- Change of more than \$100 in the amount of income;
- Change in the source of income including starting or stopping a job; and
- Changing from full-time to part-time status or from part-time to full-time status.

The household does not have to report changes in TANF income for a Virginia TANF case.

## b. Certification periods – five months or longer

With the exception of households that receive benefits through the Transitional Benefits component for former TANF recipients or certified through VaCAP, households certified for five months or longer must report the following items:

- Receipt of lottery or gambling winnings of \$3,500 or more;
- Change if the number of hours worked per week for persons who are subject to time-limited benefits is less than 20 hours per week; and
- The total income exceeds the gross income limit based on household size as established as of certification, the Interim Report evaluation, or a change reported during the certification period. The income limits are:

<u>Household Size</u>	<u>Income Limits</u>			
	Household Size	Monthly Amount	Weekly Amount	Bi-Weekly Amount
1	\$ 1,383	\$ 321.62	\$ 643.25	\$ 691.50
2	1,868	434.41	868.83	934.00
3	2,353	547.20	1,094.41	1,176.50
4	2,839	660.23	1,320.46	1,419.50
5	3,324	773.02	1,546.04	1,662.00
6	3,809	885.81	1,771.62	1,904.50
7	4,295	998.83	1,997.67	2,147.50
8	4,780	1,111.62	2,223.25	2,390.00
Additional members	+486	+113.02	+226.04	+243

2. Time Required and Methods for Reporting Changes

Households must report required changes listed above within 10 calendar days from the date the change occurs or, at the latest, 10 days into the next month after the month the change occurs.

Households may report changes using the Change Report form, by telephone, by personal contact, by mail, or electronically. The household may also report a change of its circumstances with the filing of the Interim Report. A household member, an authorized representative, or any person having knowledge of the household's circumstances may report the change to any staff member of the local department of social services. When the household reports the change by mail, the report will be timely as long as the postmark of the letter is within the required 10-day period regardless of when the local department of social services receives the information.

During the interview, the worker must advise applicants:

- the responsibility to report changes;
- when changes needed to be reported;
- how to report changes;
- the changes that need to be reported; and
- the telephone number of the local office and, if necessary, a toll-free number or a number for accepting collect calls from households outside the local calling area.

The local department of social services must provide the Change Report form to each household at initial application, reapplication, and when the household size changes. Additionally, the local department of social services must provide the form at recertification, if the household needs another form, whenever the household returns a form, or reports a change in the number of household members.

include regularly certified cases and cases receiving transitional benefits. The transferring agency must complete any processes related to the Interim Report and postponed verifications for applications certified under expedited service processing.

If a household moves while an application/renewal is pending, the transferring agency must process the application and generate benefits for any month the household was residing in the locality. After the application has been processed, the transferring agency must transfer the case to the new locality.

In some instances, an agency may request a closed case file when a household reapplies for benefits in another locality. The transferring agency must also honor the request for a closed case file and transfer the case file promptly.

b. Cases that Cannot Be Transferred

Local departments of social services must not transfer SNAP cases in the following instances:

- The household moves from a Virginia locality to another state. The EW must close the case.
- There is a pending application/renewal. The original agency must process the application. The agency must secure sufficient information to process the application.
- A case is suspended because of ineligibility unrelated to the move from the locality that is projected to last one month. Resolve the issues that lead to the projected ineligibility and then either close the case or transfer it to the new locality.
- The Interim Report process is incomplete. Resolve any issues related to the Interim Report. Transfer the case if the household remains eligible after evaluation of the Interim Report. If the household contacts the new locality without having submitted the Interim Report, the new locality should provide the Interim Report. If the completed Interim Report and needed verification are provided to the new locality, both the interim and verification must be forwarded to the original locality.
- There is a loss of contact with the household but the agency has information that the household no longer resides in the locality.

c. Case Transfer Process for the Transferring Agency

Within five working days after being notified that a household has moved from the locality, the EW must complete a desk review of the case. The desk review is to ensure that documents are properly filed; the record is complete and orderly; and that documentation of case actions is complete. The EW must also review the

accuracy of the benefit amount in relation to the reported move. **The EW must complete the address change and other changes such as household composition, income or shelter expense changes that result from the move or reported before the move occurs. If the household fails to provide new shelter costs, the agency must remove existing shelter costs from the SNAP calculations.** The EW must provide sufficient documentation to advise the receiving agency to initiate claims collection activities after the transfer occurs. The case documentation must also support ongoing collection actions.

While the assessment of the case must take place within five days of the reported move, there are instances when the transferring agency must wait a month before completing the transfer. The final assessment of the case must take place after handling postponed verifications for an expedited case or after processing the interim report. The final assessment of the case may take place as late as a month after the report of the move.

If the household reports changes in household circumstances, verification of the changed elements may be needed before the second month, by the next recertification, or for the Interim Report, depending on the impact of the changes on the allotment. Verification will be needed before the second month if the SNAP benefit will increase because of the reported changes. The transferring agency must notify the household on the *Notice of Action* that reflects the allotment change to provide the new verifications to the new agency. The transferring agency must also notify the receiving agency on the *Case Record Transfer Form* to obtain the verification or change the allotment back to the original amount.

The EW must complete the *Case Record Transfer Form* and forward it to the receiving agency. The transferring agency must transfer the entire case file. At its option, the agency may keep photocopied or other duplicates of case documents. The transferring agency may not keep any of the original documents from the case file except when the transferring and receiving agency both use a compatible electronic filing system or when there is an ongoing claims investigation in which case the agency may keep applicable case information and send a copy of the documents to the receiving agency or make arrangements to secure the necessary documents later from the receiving agency.

The EW must complete a *Notice of Transfer* form to notify the household of the transfer of the case. The EW must send the Notice of Transfer to the household along with a *Change Report* form.

The transferring agency must deliver the intact case file to the receiving agency by certified mail, by authorized courier service, or hand delivery by local agency personnel. The transferring agency must obtain a receipt for the case file from the receiving agency. Note: If the transferring and receiving agency both use a compatible electronic filing system, the transferring agency may share the case information electronically if that is acceptable to the receiving agency. If the receiving agency does not use an electronic filing system, the transferring agency must print the case information and send the documents to the receiving agency.

PART XXIII

BENEFIT ALLOTMENTS

CHAPTER

SUBJECT

PAGES

A. CALCULATING BENEFIT ALLOTMENTS

1

B. BENEFIT ALLOTMENT TABLES

1-44



A. CALCULATING BENEFIT ALLOTMENTS

The tables on the following pages show the appropriate benefits for household sizes 1 through 10.

For household sizes 1 and 2, \$16 is the minimum allotment for all eligible households, including PA categorically eligible households. The maximum monthly net income does not apply to categorically eligible households however.

For household sizes 3 through 10, the allotment tables reflect the maximum benefit allotment to the \$1 minimum allotment. **NOTE: ONLY PA CATEGORICALLY ELIGIBLE HOUSEHOLDS ARE ELIGIBLE FOR ALLOTMENTS WHERE THE HOUSEHOLD'S NET INCOME EXCEEDS THE NET INCOME MAXIMUM.** For example, for a **5**-person household, the maximum net income is **\$2,557**. The allotment offered at that level of income is **\$40**. The rest of the allotment table, from the net income of **\$2,558** through **\$2,560**, the last income figure, for which an allotment is available, applies to PA categorically eligible households only.

To calculate issuances to households of more than ten persons, use the following formula:

1. Maximum Benefit Allotment. If there are more than ten household members, add **\$153** to the monthly maximum benefit allotment.
2. Maximum Monthly Net Income. If there are more than ten household members, add **\$374** to the monthly maximum net income. **NOTE:** Maximum monthly net income limits do not apply to PA categorically eligible households.



BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
0	-	0	204	374	535	680	807	969	1071	1224	1377	1530
1	-	3	203	373	534	679	806	968	1070	1223	1376	1529
4	-	6	202	372	533	678	805	967	1069	1222	1375	1528
7	-	10	201	371	532	677	804	966	1068	1221	1374	1527
11	-	13	200	370	531	676	803	965	1067	1220	1373	1526
14	-	16	199	369	530	675	802	964	1066	1219	1372	1525
17	-	20	198	368	529	674	801	963	1065	1218	1371	1524
21	-	23	197	367	528	673	800	962	1064	1217	1370	1523
24	-	26	196	366	527	672	799	961	1063	1216	1369	1522
27	-	30	195	365	526	671	798	960	1062	1215	1368	1521
31	-	33	194	364	525	670	797	959	1061	1214	1367	1520
34	-	36	193	363	524	669	796	958	1060	1213	1366	1519
37	-	40	192	362	523	668	795	957	1059	1212	1365	1518
41	-	43	191	361	522	667	794	956	1058	1211	1364	1517
44	-	46	190	360	521	666	793	955	1057	1210	1363	1516
47	-	50	189	359	520	665	792	954	1056	1209	1362	1515
51	-	53	188	358	519	664	791	953	1055	1208	1361	1514
54	-	56	187	357	518	663	790	952	1054	1207	1360	1513
57	-	60	186	356	517	662	789	951	1053	1206	1359	1512
61	-	63	185	355	516	661	788	950	1052	1205	1358	1511
64	-	66	184	354	515	660	787	949	1051	1204	1357	1510
67	-	70	183	353	514	659	786	948	1050	1203	1356	1509
71	-	73	182	352	514	658	785	947	1049	1202	1355	1508
74	-	76	181	351	512	657	784	946	1048	1201	1354	1507
77	-	80	180	350	511	656	783	945	1047	1200	1353	1506
81	-	83	179	349	510	655	782	944	1046	1199	1352	1505
84	-	86	178	348	509	654	781	943	1045	1198	1351	1504
87	-	90	177	347	508	653	780	942	1044	1197	1350	1503
91	-	93	176	346	507	652	779	941	1043	1196	1349	1502
94	-	96	175	345	506	651	778	940	1042	1195	1348	1501
97	-	100	174	344	505	650	777	939	1041	1194	1347	1500
101	-	103	173	343	504	649	776	938	1040	1193	1346	1499
104	-	106	172	342	503	648	775	937	1039	1192	1345	1498
107	-	110	171	341	502	647	774	936	1038	1191	1344	1497
111	-	113	170	340	501	646	773	935	1037	1190	1343	1496

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
114	-	116	169	339	500	645	772	934	1036	1189	1342	1495
117	-	120	168	338	499	644	771	933	1035	1188	1341	1494
121	-	123	167	337	498	643	770	932	1034	1187	1340	1493
124	-	126	166	336	497	642	769	931	1033	1186	1339	1492
127	-	130	165	335	496	641	768	930	1032	1185	1338	1491
131	-	133	164	334	495	640	767	929	1031	1184	1337	1490
134	-	136	163	333	494	639	766	928	1030	1183	1336	1489
137	-	140	162	332	493	638	765	927	1029	1182	1335	1488
141	-	143	161	331	492	637	764	926	1028	1181	1334	1487
144	-	146	160	330	491	636	763	925	1027	1180	1333	1486
147	-	150	159	329	490	635	762	924	1026	1179	1332	1485
151	-	153	158	328	489	634	761	923	1025	1178	1331	1484
154	-	156	157	327	488	633	760	922	1024	1177	1330	1483
157	-	160	156	326	487	632	759	921	1023	1176	1329	1482
161	-	163	155	325	486	631	758	920	1022	1175	1328	1481
164	-	166	154	324	485	630	757	919	1021	1174	1327	1480
167	-	170	153	323	484	629	756	918	1020	1173	1326	1479
171	-	173	152	322	483	628	755	917	1019	1172	1325	1478
174	-	176	151	321	482	627	754	916	1018	1171	1324	1477
177	-	180	150	320	481	626	753	915	1017	1170	1323	1476
181	-	183	149	319	480	625	752	914	1016	1169	1322	1475
184	-	186	148	318	479	624	751	913	1015	1168	1321	1474
187	-	190	147	317	478	623	750	912	1014	1167	1320	1473
191	-	193	146	316	477	622	749	911	1013	1166	1319	1472
194	-	196	145	315	476	621	748	910	1012	1165	1318	1471
197	-	200	144	314	475	620	747	909	1011	1164	1317	1470
201	-	203	143	313	474	619	746	908	1010	1163	1316	1469
204	-	206	142	312	473	618	745	907	1009	1162	1315	1468
207	-	210	141	311	472	617	744	906	1008	1161	1314	1467
211	-	213	140	310	471	616	743	905	1007	1160	1313	1466
214	-	216	139	309	470	615	742	904	1006	1159	1312	1465
217	-	220	138	308	469	614	741	903	1005	1158	1311	1464
221	-	223	137	307	468	613	740	902	1004	1157	1310	1463
224	-	226	136	306	467	612	739	901	1003	1156	1309	1462
227	-	230	135	305	466	611	738	900	1002	1155	1308	1461

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
231	-	233	134	304	465	610	737	899	1001	1154	1307	1460
234	-	236	133	303	464	609	736	898	1000	1153	1306	1459
237	-	240	132	302	463	608	735	897	999	1152	1305	1458
241	-	243	131	301	462	607	734	896	998	1151	1304	1457
244	-	246	130	300	461	606	733	895	997	1150	1303	1456
247	-	250	129	299	460	605	732	894	996	1149	1302	1455
251	-	253	128	298	459	604	731	893	995	1148	1301	1454
254	-	256	127	297	458	603	730	892	994	1147	1300	1453
257	-	260	126	296	457	602	729	891	993	1146	1299	1452
261	-	263	125	295	456	601	728	890	992	1145	1298	1451
264	-	266	124	294	455	600	727	889	991	1144	1297	1450
267	-	270	123	293	454	599	726	888	990	1143	1296	1449
271	-	273	122	292	453	598	725	887	989	1142	1295	1448
274	-	276	121	291	452	597	724	886	988	1141	1294	1447
277	-	280	120	290	451	596	723	885	987	1140	1293	1446
281	-	283	119	289	450	595	722	884	986	1139	1292	1445
284	-	286	118	288	449	594	721	883	985	1138	1291	1444
287	-	290	117	287	448	593	720	882	984	1137	1290	1443
291	-	293	116	286	447	592	719	881	983	1136	1289	1442
294	-	296	115	285	446	591	718	880	982	1135	1288	1441
297	-	300	114	284	445	590	717	879	981	1134	1287	1440
301	-	303	113	283	444	589	716	878	980	1133	1286	1439
304	-	306	112	282	443	588	715	877	979	1132	1285	1438
307	-	310	111	281	442	587	714	876	978	1131	1284	1437
311	-	313	110	280	441	586	713	875	977	1130	1283	1436
314	-	316	109	279	440	585	712	874	976	1129	1282	1435
317	-	320	108	278	439	584	711	873	975	1128	1281	1434
321	-	323	107	277	438	583	710	872	974	1127	1280	1433
324	-	326	106	276	437	582	709	871	973	1126	1279	1432
327	-	330	105	275	436	581	708	870	972	1125	1278	1431
331	-	333	104	274	435	580	707	869	971	1124	1277	1430
334	-	336	103	273	434	579	706	868	970	1123	1276	1429
337	-	340	102	272	433	578	705	867	969	1122	1275	1428
341	-	343	101	271	432	577	704	866	968	1121	1274	1427
344	-	346	100	270	431	576	703	865	967	1120	1273	1426

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
347	-	350	99	269	430	575	702	864	966	1119	1272	1425
351	-	353	98	268	429	574	701	863	965	1118	1271	1424
354	-	356	97	267	428	573	700	862	964	1117	1270	1423
357	-	360	96	266	427	572	699	861	963	1116	1269	1422
361	-	363	95	265	426	571	698	860	962	1115	1268	1421
364	-	366	94	264	425	570	697	859	961	1114	1267	1420
367	-	370	93	263	424	569	696	858	960	1113	1266	1419
371	-	373	92	262	423	568	695	857	959	1112	1265	1418
374	-	376	91	261	422	567	694	856	958	1111	1264	1417
377	-	380	90	260	421	566	693	855	957	1110	1263	1416
381	-	383	89	259	420	565	692	854	956	1109	1262	1415
384	-	386	88	258	419	564	691	853	955	1108	1261	1414
387	-	390	87	257	418	563	690	852	954	1107	1260	1413
391	-	393	86	256	417	562	689	851	953	1106	1259	1412
394	-	396	85	255	416	561	688	850	952	1105	1258	1411
397	-	400	84	254	415	560	687	849	951	1104	1257	1410
401	-	403	83	253	414	559	686	848	950	1103	1256	1409
404	-	406	82	252	413	558	685	847	949	1102	1255	1408
407	-	410	81	251	412	557	684	846	948	1101	1254	1407
411	-	413	80	250	411	556	683	845	947	1100	1253	1406
414	-	416	79	249	410	555	682	844	946	1099	1252	1405
417	-	420	78	248	409	554	681	843	945	1098	1251	1404
421	-	423	77	247	408	553	680	842	944	1097	1250	1403
424	-	426	76	246	407	552	679	841	943	1096	1249	1402
427	-	430	75	245	406	551	678	840	942	1095	1248	1401
431	-	433	74	244	405	550	677	839	941	1094	1247	1400
434	-	436	73	243	404	549	676	838	940	1093	1246	1399
437	-	440	72	242	403	548	675	837	939	1092	1245	1398
441	-	443	71	241	402	547	674	836	938	1091	1244	1397
444	-	446	70	240	401	546	673	835	937	1090	1243	1396
447	-	450	69	239	400	545	672	834	936	1089	1242	1395
451	-	453	68	238	399	544	671	833	935	1088	1241	1394
454	-	456	67	237	398	543	670	832	934	1087	1240	1393
457	-	460	66	236	397	542	669	831	933	1086	1239	1392
461	-	463	65	235	396	541	668	830	932	1085	1238	1391

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
464	-	466	64	234	395	540	667	829	931	1084	1237	1390
467	-	470	63	233	394	539	666	828	930	1083	1236	1389
471	-	473	62	232	393	538	665	827	929	1082	1235	1388
474	-	476	61	231	392	537	664	826	928	1081	1234	1387
477	-	480	60	230	391	536	663	825	927	1080	1233	1386
481	-	483	59	229	390	535	662	824	926	1079	1232	1385
484	-	486	58	228	389	534	661	823	925	1078	1231	1384
487	-	490	57	227	388	533	660	822	924	1077	1230	1383
491	-	493	56	226	387	532	659	821	923	1076	1229	1382
494	-	496	55	225	386	531	658	820	922	1075	1228	1381
497	-	500	54	224	385	530	657	819	921	1074	1227	1380
501	-	503	53	223	384	529	656	818	920	1073	1226	1379
504	-	506	52	222	383	528	655	817	919	1072	1225	1378
507	-	510	51	221	382	527	654	816	918	1071	1224	1377
511	-	513	50	220	381	526	653	815	917	1070	1223	1376
514	-	516	49	219	380	525	652	814	916	1069	1222	1375
517	-	520	48	218	379	524	651	813	915	1068	1221	1374
521	-	523	47	217	378	523	650	812	914	1067	1220	1373
524	-	526	46	216	377	522	649	811	913	1066	1219	1372
527	-	530	45	215	376	521	648	810	912	1065	1218	1371
531	-	533	44	214	375	520	647	809	911	1064	1217	1370
534	-	536	43	213	374	519	646	808	910	1063	1216	1369
537	-	540	42	212	373	518	645	807	909	1062	1215	1368
541	-	543	41	211	372	517	644	806	908	1061	1214	1367
544	-	546	40	210	371	516	643	805	907	1060	1213	1366
547	-	550	39	209	370	515	642	804	906	1059	1212	1365
551	-	553	38	208	369	514	641	803	905	1058	1211	1364
554	-	556	37	207	368	513	640	802	904	1057	1210	1363
557	-	560	36	206	367	512	639	801	903	1056	1209	1362
561	-	563	35	205	366	511	638	800	902	1055	1208	1361
564	-	566	34	204	365	510	637	799	901	1054	1207	1360
567	-	570	33	203	364	509	636	798	900	1053	1206	1359
571	-	573	32	202	363	508	635	797	899	1052	1205	1358
574	-	576	31	201	362	507	634	796	898	1051	1204	1357
577	-	580	30	200	361	506	633	795	897	1050	1203	1356

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
581	-	583	29	199	360	505	632	794	896	1049	1202	1355
584	-	586	28	198	359	504	631	793	895	1048	1201	1354
587	-	590	27	197	358	503	630	792	894	1047	1200	1353
591	-	593	26	196	357	502	629	791	893	1046	1199	1352
594	-	596	25	195	356	501	628	790	892	1045	1198	1351
597	-	600	24	194	355	500	627	789	891	1044	1197	1350
601	-	603	23	193	354	499	626	788	890	1043	1196	1349
604	-	606	22	192	353	498	625	787	889	1042	1195	1348
607	-	610	21	191	352	497	624	786	888	1041	1194	1347
611	-	613	20	190	351	496	623	785	887	1040	1193	1346
614	-	616	19	189	350	495	622	784	886	1039	1192	1345
617	-	620	18	188	349	494	621	783	885	1038	1191	1344
621	-	623	17	187	348	493	620	782	884	1037	1190	1343
624	-	626	16	186	347	492	619	781	883	1036	1189	1342
627	-	630	16	185	346	491	618	780	882	1035	1188	1341
631	-	633	16	184	345	490	617	779	881	1034	1187	1340
634	-	636	16	183	344	489	616	778	880	1033	1186	1339
637	-	640	16	182	343	488	615	777	879	1032	1185	1338
641	-	643	16	181	342	487	614	776	878	1031	1184	1337
644	-	646	16	180	341	486	613	775	877	1030	1183	1336
647	-	650	16	179	340	485	612	774	876	1029	1182	1335
651	-	653	16	178	339	484	611	773	875	1028	1181	1334
654	-	656	16	177	338	483	610	772	874	1027	1180	1333
657	-	660	16	176	337	482	609	771	873	1026	1179	1332
661	-	663	16	175	336	481	608	770	872	1025	1178	1331
664	-	666	16	174	335	480	607	769	871	1024	1177	1330
667	-	670	16	173	334	479	606	768	870	1023	1176	1329
671	-	673	16	172	333	478	605	767	869	1022	1175	1328
674	-	676	16	171	332	477	604	766	868	1021	1174	1327
677	-	680	16	170	331	476	603	765	867	1020	1173	1326
681	-	683	16	169	330	475	602	764	866	1019	1172	1325
684	-	686	16	168	329	474	601	763	865	1018	1171	1324
687	-	690	16	167	328	473	600	762	864	1017	1170	1323
691	-	693	16	166	327	472	599	761	863	1016	1169	1322
694	-	696	16	165	326	471	598	760	862	1015	1168	1321

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
697	-	700	16	164	325	470	597	759	861	1014	1167	1320
701	-	703	16	163	324	469	596	758	860	1013	1166	1319
704	-	706	16	162	323	468	595	757	859	1012	1165	1318
707	-	710	16	161	322	467	594	756	858	1011	1164	1317
711	-	713	16	160	321	466	593	755	857	1010	1163	1316
714	-	716	16	159	320	465	592	754	856	1009	1162	1315
717	-	720	16	158	319	464	591	753	855	1008	1161	1314
721	-	723	16	157	318	463	590	752	854	1007	1160	1313
724	-	726	16	156	317	462	589	751	853	1006	1159	1312
727	-	730	16	155	316	461	588	750	852	1005	1158	1311
731	-	733	16	154	315	460	587	749	851	1004	1157	1310
734	-	736	16	153	314	459	586	748	850	1003	1156	1309
737	-	740	16	152	313	458	585	747	849	1002	1155	1308
741	-	743	16	151	312	457	584	746	848	1001	1154	1307
744	-	746	16	150	311	456	583	745	847	1000	1153	1306
747	-	750	16	149	310	455	582	744	846	999	1152	1305
751	-	753	16	148	309	454	581	743	845	998	1151	1304
754	-	756	16	147	308	453	580	742	844	997	1150	1303
757	-	760	16	146	307	452	579	741	843	996	1149	1302
761	-	763	16	145	306	451	578	740	842	995	1148	1301
764	-	766	16	144	305	450	577	739	841	994	1147	1300
767	-	770	16	143	304	449	576	738	840	993	1146	1299
771	-	773	16	142	303	448	575	737	839	992	1145	1298
774	-	776	16	141	302	447	574	736	838	991	1144	1297
777	-	780	16	140	301	446	573	735	837	990	1143	1296
781	-	783	16	139	300	445	572	734	836	989	1142	1295
784	-	786	16	138	299	444	571	733	835	988	1141	1294
787	-	790	16	137	298	443	570	732	834	987	1140	1293
791	-	793	16	136	297	442	569	731	833	986	1139	1292
794	-	796	16	135	296	441	568	730	832	985	1138	1291
797	-	800	16	134	295	440	567	729	831	984	1137	1290
801	-	803	16	133	294	439	566	728	830	983	1136	1289
804	-	806	16	132	293	438	565	727	829	982	1135	1288
807	-	810	16	131	292	437	564	726	828	981	1134	1287
811	-	813	16	130	291	436	563	725	827	980	1133	1286

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
814	-	816	16	129	290	435	562	724	826	979	1132	1285
817	-	820	16	128	289	434	561	723	825	978	1131	1284
821	-	823	16	127	288	433	560	722	824	977	1130	1283
824	-	826	16	126	287	432	559	721	823	976	1129	1282
827	-	830	16	125	286	431	558	720	822	975	1128	1281
831	-	833	16	124	285	430	557	719	821	974	1127	1280
834	-	836	16	123	284	429	556	718	820	973	1126	1279
837	-	840	16	122	283	428	555	717	819	972	1125	1278
841	-	843	16	121	282	427	554	716	818	971	1124	1277
844	-	846	16	120	281	426	553	715	817	970	1123	1276
847	-	850	16	119	280	425	552	714	816	969	1122	1275
851	-	853	16	118	279	424	551	713	815	968	1121	1274
854	-	856	16	117	278	423	550	712	814	967	1120	1273
857	-	860	16	116	277	422	549	711	813	966	1119	1272
861	-	863	16	115	276	421	548	710	812	965	1118	1271
864	-	866	16	114	275	420	547	709	811	964	1117	1270
867	-	870	16	113	274	419	546	708	810	963	1116	1269
871	-	873	16	112	273	418	545	707	809	962	1115	1268
874	-	876	16	111	272	417	544	706	808	961	1114	1267
877	-	880	16	110	271	416	543	705	807	960	1113	1266
881	-	883	16	109	270	415	542	704	806	959	1112	1265
884	-	886	16	108	269	414	541	703	805	958	1111	1264
887	-	890	16	107	268	413	540	702	804	957	1110	1263
891	-	893	16	106	267	412	539	701	803	956	1109	1262
894	-	896	16	105	266	411	538	700	802	955	1108	1261
897	-	900	16	104	265	410	537	699	801	954	1107	1260
901	-	903	16	103	264	409	536	698	800	953	1106	1259
904	-	906	16	102	263	408	535	697	799	952	1105	1258
907	-	910	16	101	262	407	534	696	798	951	1104	1257
911	-	913	16	100	261	406	533	695	797	950	1103	1256
-	-	-	-	-	-	-	-	-	-	-	-	-
914	-	916	16	99	260	405	532	694	796	949	1102	1255
917	-	920	16	98	259	404	531	693	795	948	1101	1254
921	-	923	16	97	258	403	530	692	794	947	1100	1253
924	-	926	16	96	257	402	529	691	793	946	1099	1252
927	-	930	16	95	256	401	528	690	792	945	1098	1251

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
931	-	933	16	94	255	400	527	689	791	944	1097	1250
934	-	936	16	93	254	399	526	688	790	943	1096	1249
937	-	940	16	92	253	398	525	687	789	942	1095	1248
941	-	943	16	91	252	397	524	686	788	941	1094	1247
944	-	946	16	90	251	396	523	685	787	940	1093	1246
947	-	950	16	89	250	395	522	684	786	939	1092	1245
951	-	953	16	88	249	394	521	683	785	938	1091	1244
954	-	956	16	87	248	393	520	682	784	937	1090	1243
957	-	960	16	86	247	392	519	681	783	936	1089	1242
961	-	963	16	85	246	391	518	680	782	935	1088	1241
964	-	966	16	84	245	390	517	679	781	934	1087	1240
967	-	970	16	83	244	389	516	678	780	933	1086	1239
971	-	973	16	82	243	388	515	677	779	932	1085	1238
974	-	976	16	81	242	387	514	676	778	931	1084	1237
977	-	980	16	80	241	386	513	675	777	930	1083	1236
981	-	983	16	79	240	385	512	674	776	929	1082	1235
984	-	986	16	78	239	384	511	673	775	928	1081	1234
987	-	990	16	77	238	383	510	672	774	927	1080	1233
991	-	993	16	76	237	382	509	671	773	926	1079	1232
994	-	996	16	75	236	381	508	670	772	925	1078	1231
997	-	1000	16	74	235	380	507	669	771	924	1077	1230
1001	-	1003	16	73	234	379	506	668	770	923	1076	1229
1004	-	1006	16	72	233	378	505	667	769	922	1075	1228
1007	-	1010	16	71	232	377	504	666	768	921	1074	1227
1011	-	1013	16	70	231	376	503	665	767	920	1073	1226
1014	-	1016	16	69	230	375	502	664	766	919	1072	1225
1017	-	1020	16	68	229	374	501	663	765	918	1071	1224
1021	-	1023	16	67	228	373	500	662	764	917	1070	1223
1024	-	1026	16	66	227	372	499	661	763	916	1069	1222
1027	-	1030	16	65	226	371	498	660	762	915	1068	1221
1031	-	1033	16	64	225	370	497	659	761	914	1067	1220
1034	-	1036	16	63	224	369	496	658	760	913	1066	1219
1037	-	1040	16	62	223	368	495	657	759	912	1065	1218
1041	-	1043	16	61	222	367	494	656	758	911	1064	1217
1044	-	1046	16	60	221	366	493	655	757	910	1063	1216

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1047	- 1050	16	59	220	365	492	654	756	909	1062	1215
1051	- 1053	16	58	219	364	491	653	755	908	1061	1214
1054	- 1056	16	57	218	363	490	652	754	907	1060	1213
1057	- 1060	16	56	217	362	489	651	753	906	1059	1212
1061	- 1063	16	55	216	361	488	650	752	905	1058	1211
1064	- 1066*	16*	54	215	360	487	649	751	904	1057	1210
1067	- 1070	16	53	214	359	486	648	750	903	1056	1209
1071	- 1073	16	52	213	358	485	647	749	902	1055	1208
1074	- 1076	16	51	212	357	484	646	748	901	1054	1207
1077	- 1080	16	50	211	356	483	645	747	900	1053	1206
1081	- 1083	16	49	210	355	482	644	746	899	1052	1205
1084	- 1086	16	48	209	354	481	643	745	898	1051	1204
1087	- 1090	16	47	208	353	480	642	744	897	1050	1203
1091	- 1093	16	46	207	352	479	641	743	896	1049	1202
1094	- 1096	16	45	206	351	478	640	742	895	1048	1201
1097	- 1100	16	44	205	350	477	639	741	894	1047	1200
1101	- 1103	16	43	204	349	476	638	740	893	1046	1199
1104	- 1106	16	42	203	348	475	637	739	892	1045	1198
1107	- 1110	16	41	202	347	474	636	738	891	1044	1197
1111	- 1113	16	40	201	346	473	635	737	890	1043	1196
1114	- 1116	16	39	200	345	472	634	736	889	1042	1195
1117	- 1120	16	38	199	344	471	633	735	888	1041	1194
1121	- 1123	16	37	198	343	470	632	734	887	1040	1193
1124	- 1126	16	36	197	342	469	631	733	886	1039	1192
1127	- 1130	16	35	196	341	468	630	732	885	1038	1191
1131	- 1133	16	34	195	340	467	629	731	884	1037	1190
1134	- 1136	16	33	194	339	466	628	730	883	1036	1189
1137	- 1140	16	32	193	338	465	627	729	882	1035	1188
1141	- 1143	16	31	192	337	464	626	728	881	1034	1187
1144	- 1146	16	30	191	336	463	625	727	880	1033	1186
1147	- 1150	16	29	190	335	462	624	726	879	1032	1185
1151	- 1153	16	28	189	334	461	623	725	878	1031	1184
1154	- 1156	16	27	188	333	460	622	724	877	1030	1183
1157	- 1160	16	26	187	332	459	621	723	876	1029	1182
1161	- 1163	16	25	186	331	458	620	722	875	1028	1181

\*Net Income Limit \$1,064

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1164	- 1166	16	24	185	330	457	619	721	874	1027	1180
1167	- 1170	16	23	184	329	456	618	720	873	1026	1179
1171	- 1173	16	22	183	328	455	617	719	872	1025	1178
1174	- 1176	16	21	182	327	454	616	718	871	1024	1177
1177	- 1180	16	20	181	326	453	615	717	870	1023	1176
1181	- 1183	16	19	180	325	452	614	716	869	1022	1175
1184	- 1186	16	18	179	324	451	613	715	868	1021	1174
1187	- 1190	16	17	178	323	450	612	714	867	1020	1173
1191	- 1193	16	16	177	322	449	611	713	866	1019	1172
1194	- 1196	16	16	176	321	448	610	712	865	1018	1171
1197	- 1200	16	16	175	320	447	609	711	864	1017	1170
1201	- 1203	16	16	174	319	446	608	710	863	1016	1169
1204	- 1206	16	16	173	318	445	607	709	862	1015	1168
1207	- 1210	16	16	172	317	444	606	708	861	1014	1167
1211	- 1213	16	16	171	316	443	605	707	860	1013	1166
1214	- 1216	16	16	170	315	442	604	706	859	1012	1165
1217	- 1220	16	16	169	314	441	603	705	858	1011	1164
1221	- 1223	16	16	168	313	440	602	704	857	1010	1163
1224	- 1226	16	16	167	312	439	601	703	856	1009	1162
1227	- 1230	16	16	166	311	438	600	702	855	1008	1161
1231	- 1233	16	16	165	310	437	599	701	854	1007	1160
1234	- 1236	16	16	164	309	436	598	700	853	1006	1159
1237	- 1240	16	16	163	308	435	597	699	852	1005	1158
1241	- 1243	16	16	162	307	434	596	698	851	1004	1157
1244	- 1246	16	16	161	306	433	595	697	850	1003	1156
1247	- 1250	16	16	160	305	432	594	696	849	1002	1155
1251	- 1253	16	16	159	304	431	593	695	848	1001	1154
1254	- 1256	16	16	158	303	430	592	694	847	1000	1153
1257	- 1260	16	16	157	302	429	591	693	846	999	1152
1261	- 1263	16	16	156	301	428	590	692	845	998	1151
1264	- 1266	16	16	155	300	427	589	691	844	997	1150
1267	- 1270	16	16	154	299	426	588	690	843	996	1149
1271	- 1273	16	16	153	298	425	587	689	842	995	1148
1274	- 1276	16	16	152	297	424	586	688	841	994	1147
1277	- 1280	16	16	151	296	423	585	687	840	993	1146

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1281	-	1283	16	16	150	295	422	584	686	839	992	1145
1284	-	1286	16	16	149	294	421	583	685	838	991	1144
1287	-	1290	16	16	148	293	420	582	684	837	990	1143
1291	-	1293	16	16	147	292	419	581	683	836	989	1142
1294	-	1296	16	16	146	291	418	580	682	835	988	1141
1297	-	1300	16	16	145	290	417	579	681	834	987	1140
1301	-	1303	16	16	144	289	416	578	680	833	986	1139
1304	-	1306	16	16	143	288	415	577	679	832	985	1138
1307	-	1310	16	16	142	287	414	576	678	831	984	1137
1311	-	1313	16	16	141	286	413	575	677	830	983	1136
1314	-	1316	16	16	140	285	412	574	676	829	982	1135
1317	-	1320	16	16	139	284	411	573	675	828	981	1134
1321	-	1323	16	16	138	283	410	572	674	827	980	1133
1324	-	1326	16	16	137	282	409	571	673	826	979	1132
1327	-	1330	16	16	136	281	408	570	672	825	978	1131
1331	-	1333	16	16	135	280	407	569	671	824	977	1130
1334	-	1336	16	16	134	279	406	568	670	823	976	1129
1337	-	1340	16	16	133	278	405	567	669	822	975	1128
1341	-	1343	16	16	132	277	404	566	668	821	974	1127
1344	-	1346	16	16	131	276	403	565	667	820	973	1126
1347	-	1350	16	16	130	275	402	564	666	819	972	1125
1351	-	1353	16	16	129	274	401	563	665	818	971	1124
1354	-	1356	16	16	128	273	400	562	664	817	970	1123
1357	-	1360	16	16	127	272	399	561	663	816	969	1122
1361	-	1363	16	16	126	271	398	560	662	815	968	1121
1364	-	1366	16	16	125	270	397	559	661	814	967	1120
1367	-	1370	16	16	124	269	396	558	660	813	966	1119
1371	-	1373	16	16	123	268	395	557	659	812	965	1118
1374	-	1376	16	16	122	267	394	556	658	811	964	1117
1377	-	1380	16	16	121	266	393	555	657	810	963	1116
1381	-	1383	16	16	120	265	392	554	656	809	962	1115
1384	-	1386	16	16	119	264	391	553	655	808	961	1114
1387	-	1390	16	16	118	263	390	552	654	807	960	1113
1391	-	1393	16	16	117	262	389	551	653	806	959	1112
1394	-	1396	16	16	116	261	388	550	652	805	958	1111

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1397	-	1400	16	16	115	260	387	549	651	804	957	1110
1401	-	1403	16	16	114	259	386	548	650	803	956	1109
1404	-	1406	16	16	113	258	385	547	649	802	955	1108
1407	-	1410	16	16	112	257	384	546	648	801	954	1107
1411	-	1413	16	16	111	256	383	545	647	800	953	1106
1414	-	1416	16	16	110	255	382	544	646	799	952	1105
1417	-	1420	16	16	109	254	381	543	645	798	951	1104
1421	-	1423	16	16	108	253	380	542	644	797	950	1103
1424	-	1426	16	16	107	252	379	541	643	796	949	1102
1427	-	1430	16	16	106	251	378	540	642	795	948	1101
1431	-	1433	16	16	105	250	377	539	641	794	947	1100
1434	-	1436	16	16	104	249	376	538	640	793	946	1099
1437	-	1440*	16	16*	103	248	375	537	639	792	945	1098
1441	-	1443	16	16	102	247	374	536	638	791	944	1097
1444	-	1446	16	16	101	246	373	535	637	790	943	1096
1447	-	1450	16	16	100	245	372	534	636	789	942	1095
1451	-	1453	16	16	99	244	371	533	635	788	941	1094
1454	-	1456	16	16	98	243	370	532	634	787	940	1093
1457	-	1460	16	16	97	242	369	531	633	786	939	1092
1461	-	1463	16	16	96	241	368	530	632	785	938	1091
1464	-	1466	16	16	95	240	367	529	631	784	937	1090
1467	-	1470	16	16	94	239	366	528	630	783	936	1089
1471	-	1473	16	16	93	238	365	527	629	782	935	1088
1474	-	1476	16	16	92	237	364	526	628	781	934	1087
1477	-	1480	16	16	91	236	363	525	627	780	933	1086
1481	-	1483	16	16	90	235	362	524	626	779	932	1085
1484	-	1486	16	16	89	234	361	523	625	778	931	1084
1487	-	1490	16	16	88	233	360	522	624	777	930	1083
1491	-	1493	16	16	87	232	359	521	623	776	929	1082
1494	-	1496	16	16	86	231	358	520	622	775	928	1081
1497	-	1500	16	16	85	230	357	519	621	774	927	1080
1501	-	1503	16	16	84	229	356	518	620	773	926	1079
1504	-	1506	16	16	83	228	355	517	619	772	925	1078
1507	-	1510	16	16	82	227	354	516	618	771	924	1077
1511	-	1513	16	16	81	226	353	515	617	770	923	1076

\*Net Income Limit

\$1,437

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1514	-	1516	16	16	80	225	352	514	616	769	922	1075
1517	-	1520	16	16	79	224	351	513	615	768	921	1074
1521	-	1523	16	16	78	223	350	512	614	767	920	1073
1524	-	1526	16	16	77	222	349	511	613	766	919	1072
1527	-	1530	16	16	76	221	348	510	612	765	918	1071
1531	-	1533	16	16	75	220	347	509	611	764	917	1070
1534	-	1536	16	16	74	219	346	508	610	763	916	1069
1537	-	1540	16	16	73	218	345	507	609	762	915	1068
1541	-	1543	16	16	72	217	344	506	608	761	914	1067
1544	-	1546	16	16	71	216	343	505	607	760	913	1066
1547	-	1550	16	16	70	215	342	504	606	759	912	1065
1551	-	1553	16	16	69	214	341	503	605	758	911	1064
1554	-	1556	16	16	68	213	340	502	604	757	910	1063
1557	-	1560	16	16	67	212	339	501	603	756	909	1062
1561	-	1563	16	16	66	211	338	500	602	755	908	1061
1564	-	1566	16	16	65	210	337	499	601	754	907	1060
1567	-	1570	16	16	64	209	336	498	600	753	906	1059
1571	-	1573	16	16	63	208	335	497	599	752	905	1058
1574	-	1576	16	16	62	207	334	496	598	751	904	1057
1577	-	1580	16	16	61	206	333	495	597	750	903	1056
1581	-	1583	16	16	60	205	332	494	596	749	902	1055
1584	-	1586	16	16	59	204	331	493	595	748	901	1054
1587	-	1590	16	16	58	203	330	492	594	747	900	1053
1591	-	1593	16	16	57	202	329	491	593	746	899	1052
1594	-	1596	16	16	56	201	328	490	592	745	898	1051
1597	-	1600	16	16	55	200	327	489	591	744	897	1050
1601	-	1603	16	16	54	199	326	488	590	743	896	1049
1604	-	1606	16	16	53	198	325	487	589	742	895	1048
1607	-	1610	16	16	52	197	324	486	588	741	894	1047
1611	-	1613	16	16	51	196	323	485	587	740	893	1046
1614	-	1616	16	16	50	195	322	484	586	739	892	1045
1617	-	1620	16	16	49	194	321	483	585	738	891	1044
1621	-	1623	16	16	48	193	320	482	584	737	890	1043
1624	-	1626	16	16	47	192	319	481	583	736	889	1042
1627	-	1630	16	16	46	191	318	480	582	735	888	1041

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1631	-	1633	16	16	45	190	317	479	581	734	887	1040
1634	-	1636	16	16	44	189	316	478	580	733	886	1039
1637	-	1640	16	16	43	188	315	477	579	732	885	1038
1641	-	1643	16	16	42	187	314	476	578	731	884	1037
1644	-	1646	16	16	41	186	313	475	577	730	883	1036
1647	-	1650	16	16	40	185	312	474	576	729	882	1035
1651	-	1653	16	16	39	184	311	473	575	728	881	1034
1654	-	1656	16	16	38	183	310	472	574	727	880	1033
1657	-	1660	16	16	37	182	309	471	573	726	879	1032
1661	-	1663	16	16	36	181	308	470	572	725	878	1031
1664	-	1666	16	16	35	180	307	469	571	724	877	1030
1667	-	1670	16	16	34	179	306	468	570	723	876	1029
1671	-	1673	16	16	33	178	305	467	569	722	875	1028
1674	-	1676	16	16	32	177	304	466	568	721	874	1027
1677	-	1680	16	16	31	176	303	465	567	720	873	1026
1681	-	1683	16	16	30	175	302	464	566	719	872	1025
1684	-	1686	16	16	29	174	301	463	565	718	871	1024
1687	-	1690	16	16	28	173	300	462	564	717	870	1023
1691	-	1693	16	16	27	172	299	461	563	716	869	1022
1694	-	1696	16	16	26	171	298	460	562	715	868	1021
1697	-	1700	16	16	25	170	297	459	561	714	867	1020
1701	-	1703	16	16	24	169	296	458	560	713	866	1019
1704	-	1706	16	16	23	168	295	457	559	712	865	1018
1707	-	1710	16	16	22	167	294	456	558	711	864	1017
1711	-	1713	16	16	21	166	293	455	557	710	863	1016
1714	-	1716	16	16	20	165	292	454	556	709	862	1015
1717	-	1720	16	16	19	164	291	453	555	708	861	1014
1721	-	1723	16	16	18	163	290	452	554	707	860	1013
1724	-	1726	16	16	17	162	289	451	553	706	859	1012
1727	-	1730	16	16	16	161	288	450	552	705	858	1011
1731	-	1733	16	16	15	160	287	449	551	704	857	1010
1734	-	1736	16	16	14	159	286	448	550	703	856	1009
1737	-	1740	16	16	13	158	285	447	549	702	855	1008
1741	-	1743	16	16	12	157	284	446	548	701	854	1007
1744	-	1746	16	16	11	156	283	445	547	700	853	1006

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1747	-	1750	16	16	10	155	282	444	546	699	852	1005
1751	-	1753	16	16	9	154	281	443	545	698	851	1004
1754	-	1756	16	16	8	153	280	442	544	697	850	1003
1757	-	1760		16	7	152	279	441	543	696	849	1002
1761	-	1763		16	6	151	278	440	542	695	848	1001
1764	-	1766		16	5	150	277	439	541	694	847	1000
1767	-	1770		16	4	149	276	438	540	693	846	999
1771	-	1773		16	3	148	275	437	539	692	845	998
1774	-	1776		16	2	147	274	436	538	691	844	997
1777	-	1780		16	1	146	273	435	537	690	843	996
1781	-	1783		16		145	272	434	536	689	842	995
1784	-	1786		16		144	271	433	535	688	841	994
1787	-	1790		16		143	270	432	534	687	840	993
1791	-	1793		16		142	269	431	533	686	839	992
1794	-	1796		16		141	268	430	532	685	838	991
1797	-	1800		16		140	267	429	531	684	837	990
1801	-	1803		16		139	266	428	530	683	836	989
1804	-	1806		16		138	265	427	529	682	835	988
1807	-	1810*		16	*	137	264	426	528	681	834	987
1811	-	1813		16		136	263	425	527	680	833	986
1814	-	1816		16		135	262	424	526	679	832	985
1817	-	1820		16		134	261	423	525	678	831	984
1821	-	1823		16		133	260	422	524	677	830	983
1824	-	1826		16		132	259	421	523	676	829	982
1827	-	1830		16		131	258	420	522	675	828	981
1831	-	1833		16		130	257	419	521	674	827	980
1834	-	1836		16		129	256	418	520	673	826	979
1837	-	1840		16		128	255	417	519	672	825	978
1841	-	1843		16		127	254	416	518	671	824	977
1844	-	1846		16		126	253	415	517	670	823	976
1847	-	1850		16		125	252	414	516	669	822	975
1851	-	1853		16		124	251	413	515	668	821	974
1854	-	1856		16		123	250	412	514	667	820	973
1857	-	1860		16		122	249	411	513	666	819	972
1861	-	1863		16		121	248	410	512	665	818	971

\*Net Income Limit

\$1,810

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1864	-	1866		16		120	247	409	511	664	817	970
1867	-	1870		16		119	246	408	510	663	816	969
1871	-	1873		16		118	245	407	509	662	815	968
1874	-	1876		16		117	244	406	508	661	814	967
1877	-	1880		16		116	243	405	507	660	813	966
1881	-	1883		16		115	242	404	506	659	812	965
1884	-	1886		16		114	241	403	505	658	811	964
1887	-	1890		16		113	240	402	504	657	810	963
1891	-	1893		16		112	239	401	503	656	809	962
1894	-	1896		16		111	238	400	502	655	808	961
1897	-	1900		16		110	237	399	501	654	807	960
1901	-	1903		16		109	236	398	500	653	806	959
1904	-	1906		16		108	235	397	499	652	805	958
1907	-	1910		16		107	234	396	498	651	804	957
1911	-	1913		16		106	233	395	497	650	803	956
1914	-	1916		16		105	232	394	496	649	802	955
1917	-	1920		16		104	231	393	495	648	801	954
1921	-	1923		16		103	230	392	494	647	800	953
1924	-	1926		16		102	229	391	493	646	799	952
1927	-	1930		16		101	228	390	492	645	798	951
1931	-	1933		16		100	227	389	491	644	797	950
1934	-	1936		16		99	226	388	490	643	796	949
1937	-	1940		16		98	225	387	489	642	795	948
1941	-	1943		16		97	224	386	488	641	794	947
1944	-	1946		16		96	223	385	487	640	793	946
1947	-	1950		16		95	222	384	486	639	792	945
1951	-	1953		16		94	221	383	485	638	791	944
1954	-	1956		16		93	220	382	484	637	790	943
1957	-	1960		16		92	219	381	483	636	789	942
1961	-	1963		16		91	218	380	482	635	788	941
1964	-	1966		16		90	217	379	481	634	787	940
1967	-	1970		16		89	216	378	480	633	786	939
1971	-	1973		16		88	215	377	479	632	785	938
1974	-	1976		16		87	214	376	478	631	784	937
1977	-	1980		16		86	213	375	477	630	783	936

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
1981	- 1983		16		85	212	374	476	629	782	935
1984	- 1986		16		84	211	373	475	628	781	934
1987	- 1990		16		83	210	372	474	627	780	933
1991	- 1993		16		82	209	371	473	626	779	932
1994	- 1996		16		81	208	370	472	625	778	931
1997	- 2000		16		80	207	369	471	624	777	930
2001	- 2003		16		79	206	368	470	623	776	929
2004	- 2006		16		78	205	367	469	622	775	928
2007	- 2010		16		77	204	366	468	621	774	927
2011	- 2013		16		76	203	365	467	620	773	926
2014	- 2016		16		75	202	364	466	619	772	925
2017	- 2020		16		74	201	363	465	618	771	924
2021	- 2023		16		73	200	362	464	617	770	923
2024	- 2026		16		72	199	361	463	616	769	922
2027	- 2030		16		71	198	360	462	615	768	921
2031	- 2033		16		70	197	359	461	614	767	920
2034	- 2036		16		69	196	358	460	613	766	919
2037	- 2040		16		68	195	357	459	612	765	918
2041	- 2043		16		67	194	356	458	611	764	917
2044	- 2046		16		66	193	355	457	610	763	916
2047	- 2050		16		65	192	354	456	609	762	915
2051	- 2053		16		64	191	353	455	608	761	914
2054	- 2056		16		63	190	352	454	607	760	913
2057	- 2060		16		62	189	351	453	606	759	912
2061	- 2063		16		61	188	350	452	605	758	911
2064	- 2066		16		60	187	349	451	604	757	910
2067	- 2070		16		59	186	348	450	603	756	909
2071	- 2073		16		58	185	347	449	602	755	908
2074	- 2076		16		57	184	346	448	601	754	907
2077	- 2080		16		56	183	345	447	600	753	906
2081	- 2083		16		55	182	344	446	599	752	905
2084	- 2086		16		54	181	343	445	598	751	904
2087	- 2090		16		53	180	342	444	597	750	903
2091	- 2093		16		52	179	341	443	596	749	902
2094	- 2096		16		51	178	340	442	595	748	901

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2097	-	2100		16		50	177	339	441	594	747	900
2101	-	2103		16		49	176	338	440	593	746	899
2104	-	2106		16		48	175	337	439	592	745	898
2107	-	2110		16		47	174	336	438	591	744	897
2111	-	2113		16		46	173	335	437	590	743	896
2114	-	2116		16		45	172	334	436	589	742	895
2117	-	2120		16		44	171	333	435	588	741	894
2121	-	2123		16		43	170	332	434	587	740	893
2124	-	2126		16		42	169	331	433	586	739	892
2127	-	2130		16		41	168	330	432	585	738	891
2131	-	2133		16		40	167	329	431	584	737	890
2134	-	2136		16		39	166	328	430	583	736	889
2137	-	2140		16		38	165	327	429	582	735	888
2141	-	2143		16		37	164	326	428	581	734	887
2144	-	2146		16		36	163	325	427	580	733	886
2147	-	2150		16		35	162	324	426	579	732	885
2151	-	2153		16		34	161	323	425	578	731	884
2154	-	2156		16		33	160	322	424	577	730	883
2157	-	2160		16		32	159	321	423	576	729	882
2161	-	2163		16		31	158	320	422	575	728	881
2164	-	2166		16		30	157	319	421	574	727	880
2167	-	2170		16		29	156	318	420	573	726	879
2171	-	2173		16		28	155	317	419	572	725	878
2174	-	2176		16		27	154	316	418	571	724	877
2177	-	2180		16		26	153	315	417	570	723	876
2181	-	2183		16		25	152	314	416	569	722	875
2184	-	2186*		16		24*	151	313	415	568	721	874
2187	-	2190		16		23	150	312	414	567	720	873
2191	-	2193		16		22	149	311	413	566	719	872
2194	-	2196		16		21	148	310	412	565	718	871
2197	-	2200		16		20	147	309	411	564	717	870
2201	-	2203		16		19	146	308	410	563	716	869
2204	-	2206		16		18	145	307	409	562	715	868
2207	-	2210		16		17	144	306	408	561	714	867
2211	-	2213		16		16	143	305	407	560	713	866

\*Net Income Limit

\$2,184

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2214	- 2216		16		15	142	304	406	559	712	865
2217	- 2220		16		14	141	303	405	558	711	864
2221	- 2223		16		13	140	302	404	557	710	863
2224	- 2226		16		12	139	301	403	556	709	862
2227	- 2230		16		11	138	300	402	555	708	861
2231	- 2233		16		10	137	299	401	554	707	860
2234	- 2236		16		9	136	298	400	553	706	859
2237	- 2240		16		8	135	297	399	552	705	858
2241	- 2243		16		7	134	296	398	551	704	857
2244	- 2246		16		6	133	295	397	550	703	856
2247	- 2250		16		5	132	294	396	549	702	855
2251	- 2253		16		4	131	293	395	548	701	854
2254	- 2256		16		3	130	292	394	547	700	853
2257	- 2260		16		2	129	291	393	546	699	852
2261	- 2263		16		1	128	290	392	545	698	851
2264	- 2266		16			127	289	391	544	697	850
2267	- 2270		16			126	288	390	543	696	849
2271	- 2273		16			125	287	389	542	695	848
2274	- 2276		16			124	286	388	541	694	847
2277	- 2280		16			123	285	387	540	693	846
2281	- 2283		16			122	284	386	539	692	845
2284	- 2286		16			121	283	385	538	691	844
2287	- 2290		16			120	282	384	537	690	843
2291	- 2293		16			119	281	383	536	689	842
2294	- 2296		16			118	280	382	535	688	841
2297	- 2300		16			117	279	381	534	687	840
2301	- 2303		16			116	278	380	533	686	839
2304	- 2306		16			115	277	379	532	685	838
2307	- 2310		16			114	276	378	531	684	837
2311	- 2313		16			113	275	377	530	683	836
2314	- 2316		16			112	274	376	529	682	835
2317	- 2320		16			111	273	375	528	681	834
2321	- 2323		16			110	272	374	527	680	833
2324	- 2326		16			109	271	373	526	679	832
2327	- 2330		16			108	270	372	525	678	831

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2331	- 2333		16			107	269	371	524	677	830
2334	- 2336		16			106	268	370	523	676	829
2337	- 2340		16			105	267	369	522	675	828
2341	- 2343		16			104	266	368	521	674	827
2344	- 2346		16			103	265	367	520	673	826
2347	- 2350		16			102	264	366	519	672	825
2351	- 2353		16			101	263	365	518	671	824
2354	- 2356		16			100	262	364	517	670	823
2357	- 2360		16			99	261	363	516	669	822
2361	- 2363		16			98	260	362	515	668	821
2364	- 2366		16			97	259	361	514	667	820
2367	- 2370		16			96	258	360	513	666	819
2371	- 2373		16			95	257	359	512	665	818
2374	- 2376					94	256	358	511	664	817
2377	- 2380					93	255	357	510	663	816
2381	- 2383					92	254	356	509	662	815
2384	- 2386					91	253	355	508	661	814
2387	- 2390					90	252	354	507	660	813
2391	- 2393					89	251	353	506	659	812
2394	- 2396					88	250	352	505	658	811
2397	- 2400*					87	249	351	504	657	810
2401	- 2403					86	248	350	503	656	809
2404	- 2406					85	247	349	502	655	808
2407	- 2410					84	246	348	501	654	807
2411	- 2413					83	245	347	500	653	806
2414	- 2416					82	244	346	499	652	805
2417	- 2420					81	243	345	498	651	804
2421	- 2423					80	242	344	497	650	803
2424	- 2426					79	241	343	496	649	802
2427	- 2430					78	240	342	495	648	801
2431	- 2433					77	239	341	494	647	800
2434	- 2436					76	238	340	493	646	799
2437	- 2440					75	237	339	492	645	798
2441	- 2443					74	236	338	491	644	797
2444	- 2446					73	235	337	490	643	796

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2447 - 2450					72	234	336	489	642	795
2451 - 2453					71	233	335	488	641	794
2454 - 2456					70	232	334	487	640	793
2457 - 2460					69	231	333	486	639	792
2461 - 2463					68	230	332	485	638	791
2464 - 2466					67	229	331	484	637	790
2467 - 2470					66	228	330	483	636	789
2471 - 2473					65	227	329	482	635	788
2474 - 2476					64	226	328	481	634	787
2477 - 2480					63	225	327	480	633	786
2481 - 2483					62	224	326	479	632	785
2484 - 2486					61	223	325	478	631	784
2487 - 2490					60	222	324	477	630	783
2491 - 2493					59	221	323	476	629	782
2494 - 2496					58	220	322	475	628	781
2497 - 2500					57	219	321	474	627	780
2501 - 2503					56	218	320	473	626	779
2504 - 2506					55	217	319	472	625	778
2507 - 2510					54	216	318	471	624	777
2511 - 2513					53	215	317	470	623	776
2514 - 2516					52	214	316	469	622	775
2517 - 2520					51	213	315	468	621	774
2521 - 2523					50	212	314	467	620	773
2524 - 2526					49	211	313	466	619	772
2527 - 2530					48	210	312	465	618	771
2531 - 2533					47	209	311	464	617	770
2534 - 2536					46	208	310	463	616	769
2537 - 2540					45	207	309	462	615	768
2541 - 2543					44	206	308	461	614	767
2544 - 2546					43	205	307	460	613	766
2547 - 2550					42	204	306	459	612	765
2551 - 2553					41	203	305	458	611	764
2554 - 2556					40	202	304	457	610	763
2557 - 2560*					39*	201	303	456	609	762
2561 - 2563					38	200	302	455	608	761

\*Net Income Limit

\$2,557

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2564	- 2566					37	199	301	454	607	760
2567	- 2570					36	198	300	453	606	759
2571	- 2573					35	197	299	452	605	758
2574	- 2576					34	196	298	451	604	757
2577	- 2580					33	195	297	450	603	756
2581	- 2583					32	194	296	449	602	755
2584	- 2586					31	193	295	448	601	754
2587	- 2590					30	192	294	447	600	753
2591	- 2593					29	191	293	446	599	752
2594	- 2596					28	190	292	445	598	751
2597	- 2600					27	189	291	444	597	750
2601	- 2603					26	188	290	443	596	749
2604	- 2606					25	187	289	442	595	748
2607	- 2610					24	186	288	441	594	747
2611	- 2613					23	185	287	440	593	746
2614	- 2616					22	184	286	439	592	745
2617	- 2620					21	183	285	438	591	744
2621	- 2623					20	182	284	437	590	743
2624	- 2626					19	181	283	436	589	742
2627	- 2630					18	180	282	435	588	741
2631	- 2633					17	179	281	434	587	740
2634	- 2636					16	178	280	433	586	739
2637	- 2640					15	177	279	432	585	738
2641	- 2643					14	176	278	431	584	737
2644	- 2646					13	175	277	430	583	736
2647	- 2650					12	174	276	429	582	735
2651	- 2653					11	173	275	428	581	734
2654	- 2656					10	172	274	427	580	733
2657	- 2660					9	171	273	426	579	732
2661	- 2663					8	170	272	425	578	731
2664	- 2666					7	169	271	424	577	730
2667	- 2670					6	168	270	423	576	729
2671	- 2673					5	167	269	422	575	728
2674	- 2676					4	166	268	421	574	727
2677	- 2680					3	165	267	420	573	726

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2681	- 2683					2	164	266	419	572	725
2684	- 2686					1	163	265	418	571	724
2687	- 2690						162	264	417	570	723
2691	- 2693						161	263	416	569	722
2694	- 2696						160	262	415	568	721
2697	- 2700						159	261	414	567	720
2701	- 2703						158	260	413	566	719
2704	- 2706						157	259	412	565	718
2707	- 2710						156	258	411	564	717
2711	- 2713						155	257	410	563	716
2714	- 2716						154	256	409	562	715
2717	- 2720						153	255	408	561	714
2721	- 2723						152	254	407	560	713
2724	- 2726						151	253	406	559	712
2727	- 2730						150	252	405	558	711
2731	- 2733						149	251	404	557	710
2734	- 2736						148	250	403	556	709
2737	- 2740						147	249	402	555	708
2741	- 2743						146	248	401	554	707
2744	- 2746						145	247	400	553	706
2747	- 2750*						144	246	399	552	705
2751	- 2753						143	245	398	551	704
2754	- 2756						142	244	397	550	703
2757	- 2760						141	243	396	549	702
2761	- 2763						140	242	395	548	701
2764	- 2766						139	241	394	547	700
2767	- 2770						138	240	393	546	699
2771	- 2773						137	239	392	545	698
2774	- 2776						136	238	391	544	697
2777	- 2780						135	237	390	543	696
2781	- 2783						134	236	389	542	695
2784	- 2786						133	235	388	541	694
2787	- 2790						132	234	387	540	693
2791	- 2793						131	233	386	539	692
2794	- 2796						130	232	385	538	691

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2797 - 2800						129	231	384	537	690
2801 - 2803						128	230	383	536	689
2804 - 2806						127	229	382	535	688
2807 - 2810						126	228	381	534	687
2811 - 2813						125	227	380	533	686
2814 - 2816						124	226	379	532	685
2817 - 2820						123	225	378	531	684
2821 - 2823						122	224	377	530	683
2824 - 2826						121	223	376	529	682
2827 - 2830						120	222	375	528	681
2831 - 2833						119	221	374	527	680
2834 - 2836						118	220	373	526	679
2837 - 2840						117	219	372	525	678
2841 - 2843						116	218	371	524	677
2844 - 2846						115	217	370	523	676
2847 - 2850						114	216	369	522	675
2851 - 2853						113	215	368	521	674
2854 - 2856						112	214	367	520	673
2857 - 2860						111	213	366	519	672
2861 - 2863						110	212	365	518	671
2864 - 2866						109	211	364	517	670
2867 - 2870						108	210	363	516	669
2871 - 2873						107	209	362	515	668
2874 - 2876						106	208	361	514	667
2877 - 2880						105	207	360	513	666
2881 - 2883						104	206	359	512	665
2884 - 2886						103	205	358	511	664
2887 - 2890						102	204	357	510	663
2891 - 2893						101	203	356	509	662
2894 - 2896						100	202	355	508	661
2897 - 2900						99	201	354	507	660
2901 - 2903						98	200	353	506	659
2904 - 2906						97	199	352	505	658
2907 - 2910						96	198	351	504	657
2911 - 2913						95	197	350	503	656

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME		ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
2914	- 2916						94	196	349	502	655
2917	- 2920						93	195	348	501	654
2921	- 2923						92	194	347	500	653
2924	- 2926						91	193	346	499	652
2927	- 2930*						90*	192	345	498	651
2931	- 2933						89	191	344	497	650
2934	- 2936						88	190	343	496	649
2937	- 2940						87	189	342	495	648
2941	- 2943						86	188	341	494	647
2944	- 2946						85	187	340	493	646
2947	- 2950						84	186	339	492	645
2951	- 2953						83	185	338	491	644
2954	- 2956						82	184	337	490	643
2957	- 2960						81	183	336	489	642
2961	- 2963						80	182	335	488	641
2964	- 2966						79	181	334	487	640
2967	- 2970						78	180	333	486	639
2971	- 2973						77	179	332	485	638
2974	- 2976						76	178	331	484	637
2977	- 2980						75	177	330	483	636
2981	- 2983						74	176	329	482	635
2984	- 2986						73	175	328	481	634
2987	- 2990						72	174	327	480	633
2991	- 2993						71	173	326	479	632
2994	- 2996						70	172	325	478	631
2997	- 3000						69	171	324	477	630
3001	- 3003						68	170	323	476	629
3004	- 3006						67	169	312	475	628
3007	- 3010						66	168	311	474	627
3011	- 3013						65	167	310	473	626
3014	- 3016						64	166	309	472	625
3017	- 3020						63	165	308	471	624
3021	- 3023						62	164	307	470	623
3024	- 3026						61	163	306	469	622
3027	- 3030						60	162	305	468	621

\*Net Income Limit

\$2,930

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3031	-	3033						59	161	304	467	620
3034	-	3036						58	160	303	466	619
3037	-	3040						57	159	302	465	618
3041	-	3043						56	158	301	464	617
3044	-	3046						55	157	300	463	616
3047	-	3050						54	156	299	462	615
3051	-	3053						53	155	298	461	614
3054	-	3056						52	154	297	460	613
3057	-	3060						51	153	296	459	612
3061	-	3063						50	152	295	458	611
3064	-	3066						49	151	294	457	610
3067	-	3070						48	150	293	456	609
3071	-	3073						47	149	292	455	608
3074	-	3076						46	148	291	454	607
3077	-	3080						45	147	290	453	606
3081	-	3083						44	146	289	452	605
3084	-	3086						43	145	288	451	604
3087	-	3090						42	144	287	450	603
3091	-	3093						41	143	286	449	602
3094	-	3096*						40	142	285	448	601
3097	-	3100						39	141	284	447	600
3101	-	3103						38	140	283	446	599
3104	-	3106						37	139	282	445	598
3107	-	3110						36	138	281	444	597
3111	-	3113						35	137	280	443	596
3114	-	3116						34	136	279	442	595
3117	-	3120						33	135	278	441	594
3121	-	3123						32	134	277	440	593
3124	-	3126						31	133	276	439	592
3127	-	3130						30	132	275	438	591
3131	-	3133						29	131	274	437	590
3134	-	3136						28	130	273	436	589
3137	-	3140						27	129	272	435	588
3141	-	3143						26	128	271	434	587
3144	-	3146						25	127	270	433	586

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME			ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3147	-	3150						24	126	269	432	585
3151	-	3153						23	125	268	431	584
3154	-	3156						22	124	267	430	583
3157	-	3160						21	123	266	429	582
3161	-	3163						20	122	265	428	581
3164	-	3166						19	121	264	427	580
3167	-	3170						18	120	263	426	579
3171	-	3173						17	119	262	425	578
3174	-	3176						16	118	261	424	577
3177	-	3180						15	117	260	423	576
3181	-	3183						14	116	259	422	575
3184	-	3186						13	115	258	421	574
3187	-	3190						12	114	257	420	573
3191	-	3193						11	113	256	419	572
3194	-	3196						10	112	255	418	571
3197	-	3200						9	111	254	417	570
3201	-	3203						8	110	253	416	569
3204	-	3206						7	109	252	415	568
3207	-	3210						6	108	251	414	567
3211	-	3213						5	107	250	413	566
3214	-	3216						4	106	249	412	565
3217	-	3220						3	105	248	411	564
3221	-	3223						2	104	247	410	563
3224	-	3226						1	103	246	409	562
3227	-	3230							102	245	408	561
3231	-	3233							101	244	407	560
3234	-	3236							100	243	406	559
3237	-	3240							99	242	405	558
3241	-	3243							98	241	404	557
3244	-	3246							97	240	403	556
3247	-	3250							96	239	402	555
3251	-	3253							95	238	401	554
3254	-	3256							94	237	400	553
3257	-	3260							93	236	399	552
3261	-	3263							92	235	398	551

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3264 - 3266							91	234	397	550
3267 - 3270							90	233	396	549
3271 - 3273							89	232	395	548
3274 - 3276							88	231	394	547
3277 - 3280							87	230	393	546
3281 - 3283							86	239	392	545
3284 - 3286							85	238	391	544
3287 - 3290							84	237	390	543
3291 - 3293							83	236	389	542
3294 - 3296							82	235	388	541
3297 - 3300							81	234	387	540
3301 - 3303							80	233	386	539
3304 - 3306*							79*	232	385	538
3307 - 3310							78	231	384	537
3311 - 3313							77	230	383	536
3314 - 3316							76	229	382	535
3317 - 3320							75	228	381	534
3321 - 3323							74	227	380	533
3324 - 3326							73	226	379	532
3327 - 3330							72	225	378	531
3331 - 3333							71	224	377	530
3334 - 3336							70	223	376	529
3337 - 3340							69	222	375	528
3341 - 3343							68	221	374	527
3344 - 3346							67	220	373	526
3347 - 3350							66	219	372	525
3351 - 3353							65	218	371	524
3354 - 3356							64	217	370	523
3357 - 3360							63	216	369	522
3361 - 3363							62	215	368	521
3364 - 3366							61	214	367	520
3367 - 3370							60	213	366	519
3371 - 3373							59	212	365	518
3374 - 3376							58	211	364	517
3377 - 3380							57	210	363	516

\*Net Income Limit

\$3,304

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3381 - 3383							56	209	362	515
3384 - 3386							55	208	361	514
3387 - 3390							54	207	360	513
3391 - 3393							53	206	359	512
3394 - 3396							52	205	358	511
3397 - 3400							51	204	357	510
3401 - 3403							50	203	356	509
3404 - 3406							49	202	355	508
3407 - 3410							48	201	354	507
3411 - 3413							47	200	353	506
3414 - 3416							46	199	352	505
3417 - 3420							45	198	351	504
3421 - 3423							44	197	350	503
3424 - 3426							43	196	349	502
3427 - 3430							42	195	348	501
3431 - 3433							41	194	347	500
3434 - 3436							40	193	346	499
3437 - 3440							39	192	345	498
3441 - 3443							38	191	344	497
3444 - 3446							37	190	343	496
3447 - 3450							36	189	342	495
3451 - 3453							35	188	341	494
3454 - 3456							34	187	340	493
3457 - 3460							33	186	339	492
3461 - 3463							32	185	338	491
3464 - 3466							31	184	337	490
3467 - 3470							30	183	336	489
3471 - 3473							29	182	335	488
3474 - 3476							28	181	334	487
3477 - 3480							27	180	333	486
3481 - 3483							26	179	332	485
3484 - 3486							25	178	331	484
3487 - 3490							24	177	330	483
3491 - 3493							23	176	329	482
3494 - 3496							22	175	328	481

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3497 - 3500							21	174	327	480
3501 - 3503							20	173	326	479
3504 - 3506							19	172	325	478
3507 - 3510							18	171	324	477
3511 - 3513							17	170	323	476
3514 - 3516							16	169	322	475
3517 - 3520							15	168	321	474
3521 - 3523							14	167	320	473
3524 - 3526							13	166	319	472
3527 - 3530							12	165	318	471
3531 - 3533							11	164	317	470
3534 - 3536							10	163	316	469
3537 - 3540							9	162	315	468
3541 - 3543							8	161	314	467
3544 - 3546							7	160	313	466
3547 - 3550							6	159	312	465
3551 - 3553							5	158	311	464
3554 - 3556							4	157	310	463
3557 - 3560							3	156	309	462
3561 - 3563							2	155	308	461
3564 - 3566							1	154	307	460
3567 - 3570								153	306	459
3571 - 3573								152	305	458
3574 - 3576								151	304	457
3577 - 3580								150	303	456
3581 - 3583								149	302	455
3584 - 3586								148	301	454
3587 - 3590								147	300	453
3591 - 3593								146	299	452
3594 - 3596								145	298	451
3597 - 3600								144	297	450
3601 - 3603								143	296	449
3604 - 3606								142	295	448
3607 - 3610								141	294	447
3611 - 3613								140	293	446

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3614 - 3616								139	292	445
3617 - 3620								138	291	444
3621 - 3623								137	290	443
3624 - 3626								136	289	442
3627 - 3630								135	288	441
3631 - 3633								134	287	440
3634 - 3636								133	286	439
3637 - 3640								132	285	438
3641 - 3643								131	284	437
3544 - 3646								130	283	436
3647 - 3650								129	282	435
3651 - 3653								128	281	434
3654 - 3656								127	280	433
3657 - 3660								126	279	432
3661 - 3663								125	278	431
3664 - 3666								124	277	430
3667 - 3670								123	276	429
3671 - 3673								122	275	428
3674 - 3676								121	274	427
3677 - 3680*								120*	273	426
3681 - 3683								119	272	425
3684 - 3686								118	271	424
3687 - 3690								117	270	423
3691 - 3693								116	269	422
3694 - 3696								115	268	421
3697 - 3700								114	267	420
3701 - 3703								113	266	419
3704 - 3706								112	265	418
3707 - 3710								111	264	417
3711 - 3713								110	263	416
3714 - 3716								109	262	415
3717 - 3720								108	261	414
3721 - 3723								107	260	413
3724 - 3726								106	259	412
3727 - 3730								105	258	411

\*Net Income Limit

\$3,677

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3731 - 3733								104	257	410
3734 - 3736								103	256	409
3737 - 3740								102	255	408
3741 - 3743								101	254	407
3744 - 3746								100	253	406
3747 - 3750								99	252	405
3751 - 3753								98	251	404
3754 - 3756								97	250	403
3757 - 3760								96	249	402
3761 - 3763								95	248	401
3764 - 3766								94	247	400
3767 - 3770								93	246	399
3771 - 3773								92	245	398
3774 - 3776								91	244	397
3777 - 3780								90	243	396
3781 - 3783								89	242	395
3784 - 3786								88	241	394
3787 - 3790								87	240	393
3791 - 3793								86	239	392
3794 - 3796								85	238	391
3797 - 3800								84	237	390
3801 - 3803								83	236	389
3804 - 3806								82	235	388
3807 - 3810								81	234	387
3811 - 3813								80	233	386
3814 - 3816								79	232	385
3817 - 3820								78	231	384
3821 - 3823								77	230	383
3824 - 3826								76	229	382
3827 - 3830								75	228	381
3831 - 3833								74	227	380
3834 - 3836								73	226	379
3837 - 3840								72	225	378
3841 - 3843								71	224	377
3844 - 3846								70	223	376

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3847 - 3850								69	222	375
3851 - 3853								68	221	374
3854 - 3856								67	220	373
3857 - 3860								66	219	372
3861 - 3863								65	218	371
3864 - 3866								64	217	370
3867 - 3870								63	216	369
3871 - 3873								62	215	368
3874 - 3876								61	214	367
3877 - 3880								60	213	366
3881 - 3883								59	212	365
3884 - 3886								58	211	364
3887 - 3890								57	210	363
3891 - 3893								56	209	362
3894 - 3896								55	208	361
3897 - 3900								54	207	360
3901 - 3903								53	206	359
3904 - 3906								52	205	358
3907 - 3910								51	204	357
3911 - 3913								50	203	356
3914 - 3916								49	202	355
3917 - 3920								48	201	354
3921 - 3923								47	200	353
3924 - 3926								46	199	352
3927 - 3930								45	198	351
3931 - 3933								44	197	350
3934 - 3936								43	196	349
3937 - 3940								42	195	348
3941 - 3943								41	194	347
3944 - 3946								40	193	346
3947 - 3950								39	192	345
3951 - 3953								38	191	344
3954 - 3956								37	190	343
3957 - 3960								36	189	342
3961 - 3963								35	188	341

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
3964 - 3966								34	187	340
3967 - 3970								33	186	339
3971 - 3973								32	185	338
3974 - 3976								31	184	337
3977 - 3980								30	183	336
3981 - 3983								29	182	335
3984 - 3986								28	181	334
3987 - 3990								27	180	333
3991 - 3993								26	179	332
3994 - 3996								25	178	331
3997 - 4000								24	177	330
4001 - 4003								23	176	329
4004 - 4006								22	175	328
4007 - 4010								21	174	327
4011 - 4013								20	173	326
4014 - 4016								19	172	325
4017 - 4020								18	171	324
4021 - 4023								17	170	323
4024 - 4026								16	169	322
4027 - 4030								15	168	321
4031 - 4033								14	167	320
4034 - 4036								13	166	319
4037 - 4040								12	165	318
4041 - 4043								11	164	317
4044 - 4046								10	163	316
4047 - 4050								9	162	315
4051 - 4053*								8	161*	314
4054 - 4056								7	160	313
4057 - 4060								6	159	312
4061 - 4063								5	158	311
4064 - 4066								4	157	310
4067 - 4070								3	156	309
4071 - 4073								2	155	308
4074 - 4076								1	154	307
4077 - 4080									153	306

\*Net Income Limit

\$4,051

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
4081 - 4083									152	305
4084 - 4086									151	304
4087 - 4090									150	303
4091 - 4093									149	302
4094 - 4096									148	301
4097 - 4100									147	300
4101 - 4103									146	299
4104 - 4106									145	298
4107 - 4110									144	297
4111 - 4113									143	296
4114 - 4116									142	295
4117 - 4120									141	294
4121 - 4123									140	293
4124 - 4126									139	292
4127 - 4130									138	291
4131 - 4133									137	290
4134 - 4136									136	289
4137 - 4140									135	288
4141 - 4143									134	287
4144 - 4146									133	286
4147 - 4150									132	285
4151 - 4153									131	284
4154 - 4156									130	283
4157 - 4160									129	282
4161 - 4163									128	281
4164 - 4166									127	280
4167 - 4170									126	279
4171 - 4173									125	278
4174 - 4176									124	277
4177 - 4180									123	276
4181 - 4183									122	275
4184 - 4186									121	274
4187 - 4190									120	273
4191 - 4193									119	272
4194 - 4196									118	271

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
4197 - 4200									117	270
4201 - 4203									116	269
4204 - 4206									115	268
4207 - 4210									114	267
4211 - 4213									113	266
4214 - 4216									112	265
4217 - 4220									111	264
4221 - 4223									110	263
4224 - 4226									109	262
4227 - 4230									108	261
4231 - 4233									107	260
4234 - 4236									106	259
4237 - 4240									105	258
4241 - 4243									104	257
4244 - 4246									103	256
4247 - 4250									102	255
4251 - 4253									101	254
4254 - 4256									100	253
4257 - 4260									99	252
4261 - 4263									98	251
4264 - 4266									97	250
4267 - 4270									96	249
4271 - 4273									95	248
4274 - 4276									94	247
4277 - 4280									93	246
4281 - 4283									92	245
4284 - 4286									91	244
4287 - 4290									90	243
4291 - 4293									89	242
4294 - 4296									88	241
4297 - 4300									87	240
4301 - 4303									86	239
4304 - 4306									85	238
4307 - 4310									84	237
4311 - 4313									83	236

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
4314 - 4316									82	235
4317 - 4320									81	234
4321 - 4323									80	233
4324 - 4326									79	232
4327 - 4330									78	231
4331 - 4333									77	230
4334 - 4336									76	229
4337 - 4340									75	228
4341 - 4343									74	227
4344 - 4346									73	226
4347 - 4350									72	225
4351 - 4353									71	224
4354 - 4356									70	223
4357 - 4360									69	222
4361 - 4363									68	221
4364 - 4366									67	220
4367 - 4370									66	219
4371 - 4373									65	218
4374 - 4376									64	217
4377 - 4380									63	216
4381 - 4383									62	215
4384 - 4386									61	214
4387 - 4390									60	213
4391 - 4393									59	212
4394 - 4396									58	211
4397 - 4400									57	210
4401 - 4403									56	209
4404 - 4406									55	208
4407 - 4410									54	207
4411 - 4413									53	206
4414 - 4416									52	205
4417 - 4420									51	204
4421 - 4423									50	203
4424 - 4426*									49	202*
4427 - 4430									48	201

\*Net Income Limit

\$4,425

## BASIS OF BENEFIT ISSUANCE

October 2020

## BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
4431 - 4433									47	200
4434 - 4436									46	199
4437 - 4440									45	198
4441 - 4443									44	197
4444 - 4446									43	196
4447 - 4450									42	195
4451 - 4453									41	194
4454 - 4456									40	193
4457 - 4460									39	192
4461 - 4463									38	191
4464 - 4466									37	190
4467 - 4470									36	189
4471 - 4473									35	188
4474 - 4476									34	187
4477 - 4480									33	186
4481 - 4483									32	185
4484 - 4486									31	184
4487 - 4490									30	183
4491 - 4493									29	182
4494 - 4496									28	181
4497 - 4500									27	180
4501 - 4503									26	179
4504 - 4506									25	178
4507 - 4510									24	177
4511 - 4513									23	176
4514 - 4516									22	175
4517 - 4520									21	174
4521 - 4523									20	173
4524 - 4526									19	172
4527 - 4530									18	171
4531 - 4533									17	170
4534 - 4536									16	169
4537 - 4540									15	168
4541 - 4543									14	167
4544 - 4546									13	166

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
4547 - 4550									12	165
4551 - 4553									11	164
4554 - 4556									10	163
4557 - 4560									9	162
4561 - 4563									8	161
4564 - 4566									7	160
4567 - 4570									6	159
4571 - 4573									5	158
4574 - 4576									4	157
4577 - 4580									3	156
4581 - 4583									2	155
4584 - 4586									1	154
4587 - 4590										153
4591 - 4593										152
4594 - 4596										151
4597 - 4600										150
4601 - 4603										149
4604 - 4606										148
4607 - 4610										147
4611 - 4613										146
4614 - 4616										145
4617 - 4620										144
4621 - 4623										143
4624 - 4626										142
4627 - 4630										141
4631 - 4633										140
4634 - 4636										139
4637 - 4640										138
4641 - 4643										137
4644 - 4646										136
4647 - 4650										135
4651 - 4653										134
4654 - 4656										133
4657 - 4660										132
4661 - 4663										131

BASIS OF BENEFIT ISSUANCE

October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
4664 - 4666										130
4667 - 4670										129
4671 - 4673										128
4674 - 4676										127
4677 - 4680										126
4681 - 4683										125
4684 - 4686										124
4687 - 4690										123
4691 - 4693										122
4694 - 4696										121
4697 - 4700										120
4701 - 4703										119
4704 - 4706										118
4707 - 4710										117
4711 - 4713										116
4714 - 4716										115
4717 - 4720										114
4721 - 4723										113
4724 - 4726										112
4727 - 4730										111
4731 - 4733										110
4734 - 4736										109
4737 - 4740										108
4741 - 4743										107
4744 - 4746										106
4747 - 4750										105
4751 - 4753										104
4754 - 4756										103
4757 - 4760										102
4761 - 4763										101
4764 - 4766										100
4767 - 4770										99
4771 - 4773										98
4774 - 4776										97
4777 - 4780										96

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
4781 - 4783										95
4784 - 4786										94
4787 - 4790										93
4791 - 4793										92
4794 - 4796										91
4797 - 4800										90
4801 - 4803										89
4804 - 4806										88
4807 - 4810										87
4811 - 4813										86
4814 - 4816										85
4817 - 4820										84
4821 - 4823										83
4824 - 4826										82
4827 - 4830										81
4831 - 4833										80
4834 - 4836										79
4837 - 4840										78
4841 - 4843										77
4844 - 4846										76
4847 - 4850										75
4851 - 4853										74
4854 - 4856										73
4857 - 4860										72
4861 - 4863										71
4864 - 4866										70
4867 - 4870										69
4871 - 4873										68
4874 - 4876										67
4877 - 4880										66
4881 - 4883										65
4884 - 4886										64
4887 - 4890										63
4891 - 4893										62
4894 - 4896										61

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
4897 - 4900										60
4901 - 4903										59
4904 - 4906										58
4907 - 4910										57
4911 - 4913										56
4914 - 4916										55
4917 - 4920										54
4921 - 4923										53
4924 - 4926										52
4927 - 4930										51
4931 - 4933										50
4934 - 4936										49
4937 - 4940										48
4941 - 4943										47
4944 - 4946										46
4947 - 4950										45
4951 - 4953										44
4954 - 4956										43
4957 - 4960										42
4961 - 4963										41
4964 - 4966										40
4967 - 4970										39
4971 - 4973										38
4974 - 4976										37
4977 - 4980										36
4981 - 4983										35
4984 - 4986										34
4987 - 4990										33
4991 - 4993										32
4994 - 4996										31
4997 - 5000										30
5001 - 5003										29
5004 - 5006										28
5007 - 5010										27
5011 - 5013										26

BASIS OF BENEFIT ISSUANCE  
October 2020

BENEFIT ALLOTMENTS BY HOUSEHOLD SIZE

MONTHLY NET INCOME	ONE PERSON	TWO PERSONS	THREE PERSONS	FOUR PERSONS	FIVE PERSONS	SIX PERSONS	SEVEN PERSONS	EIGHT PERSONS	NINE PERSONS	TEN PERSONS
5014 - 5016										25
5017 5020										24
5021 5023										23
5024 5026										22
5027 5030										21
5031 5033										20
5034 5036										19
5037 5040										18
5041 5043										17
5044 5046										16
5047 5050										15
5051 5053										14
5054 5056										13
3057 5060										12
5061 5063										11
5064 5066										10
5067 5070										9
5071 5073										8
5074 5076										7
5077 5080										6
5081 5083										5
5084 5086										4
5087 5090										3
5091 5093										2
5094 5096										1

PART XXIV		FORMS	
<u>FORM NUMBER</u>	<u>NAME</u>		<u>PAGES</u>
032-03-0824-34-eng	APPLICATION FOR BENEFITS		1-16
032-03-729A-17-eng	RENEWAL APPLICATION FOR AG, SNAP, AND TANF		17-26
032-03-0823-11-eng	EVALUATION OF ELIGIBILITY		27-31
032-03-823B-03-eng	PARTIAL REVIEWS AND CHANGES		32-34
032-03-0819-12-eng	SNAP - HOTLINE INFORMATION		35-37
032-03-0821-07-eng	KNOW YOUR RIGHTS WHEN APPLYING FOR SNAP BENEFITS		38-39
032-03-0718-08-eng	EXPEDITED SERVICE CHECKLIST		40-41
032-03-0814-10-eng	CHECKLIST OF NEEDED VERIFICATIONS		42-43
032-03-0117-19-eng	NOTICE OF ACTION		44-47
032-03-0018-33-eng	ADVANCE NOTICE OF PROPOSED ACTION		48-51
032-12-0157-20-eng	NOTICE OF EXPIRATION		52-53a
<b>032-03-0051-37-eng</b>	CHANGE REPORT		54-56
032-03-0153-14-eng	ENTITLEMENT TO RESTORATION OF LOST BENEFITS		57-59
032-03-0148-02-eng	REQUEST FOR CONTACT		60-61
032-03-0649-11-eng	INTERIM REPORT FORM – REQUEST FOR ACTION		67-69
032-03-823A-04-eng	PERMANENT VERIFICATION LOG		70-72
032-03-0388-05-eng	FOOD REPLACEMENT REQUEST		73-74
032-03-0387-06-eng	INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION		75-77
032-02-0072-12-eng	EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM		78-80

PART XXIV		FORMS (continued)	
<u>FORM NUMBER</u>	<u>NAME</u>		<u>PAGES</u>
032-03-0174-08-eng	SNAP SANCTION NOTICE FOR NON-COMPLIANCE WITH A WORK REQUIREMENT		81-83
032-03-0721-11-eng	NOTICE OF INTENTIONAL PROGRAM VIOLATION		84-86
032-03-0722-06-eng	WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING		87-89
032-03-0725-05-eng	REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING		90-91
032-03-0724-08-eng	ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING		92-94
032-03-0723-10-eng	ADMINISTRATIVE DISQUALIFICATION HEARING DECISION		95-96
032-03-0052-13-eng	NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION		97-98
032-03-0419-03-eng	MISSED INTERVIEW NOTICE		99-100
032-03-0460-04-eng	NOTICE OF ACTION AND EXPIRATION		101-103
032-03-0658-02-eng	NOTICE OF TRANSFER		111-113
032-03-0227-10-eng	CASE RECORD TRANSFER FORM		114-115
032-03-0440-00-eng	RIGHTS AND RESPONSIBILITIES		116-117
032-03-0572-00-eng	COMPROMISING CLAIMS WORKSHEET		118-119
032-03-729B-15-eng	TANF APPLICATION TO ADD NEW ASSISTANCE MEMBERS		120-122

## CHANGE REPORT

CASE NAME	CASE NUMBER
WORKER NAME	LOCALITY
AGENCY TELEPHONE NUMBER	
CERTIFICATION PERIOD	YOUR HOUSEHOLD SIZE

You must report changes that occur in your household to ensure that your Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefit amount is correct. You may use this form to report changes listed below for your SNAP or TANF case. You may also report changes online at <https://commonhelp.virginia.gov/access/>. Report changes within 10 days from when they occur but, no later than the 10<sup>th</sup> day of the next month. If you do not report changes, you may have to repay benefits you receive incorrectly, be fined, or prosecuted.

You may contact me at the number above if you need help in completing this form.

Please note changes on the next page. Please provide proof if there are changes.

• **If you receive TANF, tell us if:**

- Your address changes;
- A child, including a newborn, or the father, or the mother of a child, enters or leaves your home;
- There are changes that may affect your participation in VIEW, such as changes in income, employment, education, training, transportation, and child care; or
- All the income for your household before taxes goes over the limits in the chart below.

**Changes that need to be reported for SNAP depend on the length of the certification period. "Simplified Reporting" applies to households that are eligible for five (5) months or longer. "Change Reporting" applies to households that are eligible for one (1) month to four (4) months.**

• **SNAP Simplified Reporting (certified five+ months), tell us if:**

- All the income for your household before taxes goes over the limits in the chart below.
- The number of work hours goes under 20 per week for persons who are between the ages of 18-50 if there are no children in the home.
- You have lottery or gambling winnings of \$3,500\* or more.

• **SNAP Change Reporting (certified four months or less), tell us if:**

- There is a change in the number of people in your household;
- Your address changes, including shelter expenses that change resulting from the move;
- The obligation to pay child support changes or the amount paid to someone outside the household changes;
- Your liquid resources, such as bank accounts, cash, bonds, etc. are \$2,250 or \$3,500\* or more;
- You have lottery or gambling winnings of \$3,500\* or more;
- The number of work hours goes under 20 per week for persons who are between the ages of 18-50 if there are no children in the home; or
- There are changes in income:
  - There are income changes of more than \$100 except, you do not have to tell us if your TANF income changes if your TANF case is in Virginia;
  - The source of your income changes, including if you start or stop a job; or
  - Your job switches from full-time to part-time or part-time to full-time.

Gross Income Chart\*

Number of People in your Household	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$ 1,383	\$ 321.62	\$ 643.25	\$ 691.50
2	1,868	434.41	868.83	934.00
3	2,353	547.20	1,094.41	1,176.50
4	2,839	660.23	1,320.46	1,419.50
5	3,324	773.02	1,546.04	1,662.00
6	3,809	885.81	1,771.62	1,904.50
7	4,295	998.83	1,997.67	2,147.50
8	4,780	1,111.62	2,223.25	2,390.00
For each additional member add	+486	+113.02	+226.04	+243

\*These amounts are valid through 09/30/2021

Add together the gross income for all of the people in your household. New income total \$ \_\_\_\_\_

**This institution is an equal opportunity provider**

## DETAILS ON CHANGES THAT HAVE OCCURRED

### CHANGE IN THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD

#### HAS ANYONE MOVED IN?

Name		Date moved in	Relationship to you	Social Security Number
Date of Birth	Race (not required)		Sex	Marital Status
U.S. Citizen Yes ( ) No ( )	If Alien, give alien number, date of entry		Last school grade completed	Currently in School? Yes ( ) No ( )

#### HAS ANYONE MOVED OUT?

Name	Date moved out	Name	Date moved out
------	----------------	------	----------------

### CHANGE IN YOUR ADDRESS

New Address (Street, Apt. Number)	City, State, ZIP
-----------------------------------	------------------

#### CHANGE IN SHELTER EXPENSES THAT RESULT FROM THE MOVE

Rent or Mortgage \$ _____ per _____	Property Taxes \$ _____ per _____	Homeowner's Insurance \$ _____ per _____	Electricity \$ _____ per _____
Gas \$ _____ per _____	Oil \$ _____ per _____	Kerosene, Coal, wood, etc. List and give amount	
Water/Sewer \$ _____ per _____	Garbage \$ _____ per _____	Telephone (Basic Service Only) \$ _____ per _____	Installation Fees \$ _____ per _____

### CHANGE IN LEGALLY OBLIGATED CHILD SUPPORT PAID TO ANOTHER HOUSEHOLD

Person paying support	Person receiving support	Amount legally obligated \$ _____ per _____	Amount paid \$ _____ per _____
-----------------------	--------------------------	--	-----------------------------------

### CHANGE IN YOUR LIQUID RESOURCES SUCH AS CASH, BANK ACCOUNTS, BONDS, ETC. THAT REACH OR EXCEED \$2,250 OR \$3,500\* (\*\$3,500 applies only if someone in your household is 60 years of age or older or who is permanently disabled.)

Name	Account Type	Balance
------	--------------	---------

### RECEIPT OF LOTTERY OR GAMBLING WINNINGS OF \$3,500 OR MORE

Name	Gross Amount Received	When Received
	Where Received	

### CHANGE IN THE NUMBER OF WORK HOURS IN A WEEK GOES UNDER 20 FOR MEMBERS WHO ARE BETWEEN THE AGES OF 18-50 IF THERE ARE NO CHILDREN IN THE HOME.

Name	Number of Work Hours
------	----------------------

### CHANGE IN INCOME OF MORE THAN \$100 (money from working or from sources such as Social Security, SSI, pensions, etc.)

Name	Income Type	Amount
------	-------------	--------

#### CHANGE IN INCOME SOURCE - HAVE YOU STARTED OR STOPPED RECEIVING INCOME?

Name	Source	Date Started/Stopped
		Number Of Hours If Started Working

#### HAVE YOU CHANGED FROM FULL-TIME TO PART-TIME OR PART-TIME TO FULL-TIME?

Name	Employer	Number Of Hours
------	----------	-----------------

### OTHER CHANGES

--

\_\_\_\_\_  
Person completing this form

\_\_\_\_\_  
Date

- a. If the SNAPET worker has sufficient reason to believe that a registrant's mandatory status needs to be reevaluated, this must be communicated to the EW on the Communication Form or by other appropriate means. The EW must review the registrant's status and inform the SNAPET worker of the outcome within 30 days. While waiting for the EW to provide the status verification, the registrant will be assessed and assigned to the pending category. See Appendix II or Part XXIV for the Communication Form.
  - b. The pre-assessment may be conducted face-to-face, by mail or by phone.
  - c. If conducted by mail, the participant must complete and return the pre-assessment form to the agency within 14 calendar days. The participant must be provided with a self-addressed, stamped envelope in which to return the form. The SNAPET worker must send the registrant a letter that advises:
    1. The purpose of the SNAPET component;
    2. The reason for completing the pre-assessment form and the date by which the form is to be returned to the agency;
    3. That failure to complete and return the form by the required date may affect the registrant's or household's eligibility for SNAPET; and
    4. How to contact the SNAPET worker if the participant is unable to complete and return the form by the required date.
  - d. Based on the information provided by the participant on the pre-assessment form, the worker must decide if the participant will be scheduled for an initial assessment (with the intent of placing the participant in an active component) or if the participant will be placed in a pending or inactive category. If the decision is to schedule the participant for an initial assessment, this assessment must be scheduled within 30 calendar days of receipt of the original referral.
  - e. Participants placed in either the pending or inactive categories will not be required to have a Plan of Participation completed. The Contact Sheet must be documented with the reason for placement in the pending or inactive category and the beginning and ending dates of the placement.
2. Initial Assessment
- a. The SNAPET worker must assess each participant within 30 days of receipt of the registration form, even if a Pre-Assessment was completed, unless the participant was placed in a pending or inactive category.
  - b. The assessment may be a face-to-face interview (individual or group) between the participant and the SNAPET worker or by a telephone interview.
  - c. The SNAPET worker must send the participant a letter that provides:

- The date of the assessment interview;
- An explanation that appearance for the interview is a condition of continued eligibility for SNAPET benefits and that the consequence of not attending the interview may be the inability to enroll in SNAPET;
- Instructions for contacting the SNAPET worker; and
- Instructions for contacting the SNAPET worker if the participant is unable to attend the interview or needs to reschedule the appointment.

To the extent possible, employed registrants must have their initial assessment interviews scheduled at a time that does not interfere with their normal work hours.

3. Procedures

- a. The SNAPET Assessment Form or an assessment tool that has been pre-approved by the SNAPET Manager must be completed on each participant. See Appendix II for the Assessment form.
- b. The assessment must include the following:
  1. An identification and evaluation of the participant's recent work history, occupational skills, education and training and a determination of the individuals' ability to read and write English.
  2. An identification of the participant's employment goal(s).
  3. A detailed evaluation of supportive service needs.
- c. The SNAPET worker must inform the participant of the following information:
  1. program goals;
  2. program requirements, including an explanation of responsibilities and expectations for participants;
  3. that failure to comply, without good cause, with program requirements will result in closure of the SNAPET case and termination of supportive services;
  4. what constitutes good cause for not complying with program requirements;
  5. name and phone number of the SNAPET worker or other persons who might need to be contacted;
  6. requirement to respond to all agency correspondence; and
  7. **During the initial assessment, the SNAPET worker must offer an opportunity for the SNAPET participant to register through the Virginia Career Works Portal. The SNAPET worker must also document VaCMS and the referral portal regarding the registration offer and instances when the client declines the registration offer.**

- d. After the assessment, the SNAPET worker must determine the participant's ability to participate in the program.
    1. A participant who has no substantial barriers to employment must be assigned to a component, placed in an active status and be subject to the full requirements of SNAPET.
    2. A participant who has substantial barriers to employment that are anticipated to last 60 days or more must be placed in an inactive status.
    3. A participant who has short term barriers to employment that are anticipated to last less than 60 days must be placed in pending status and reassessed at the end of the length of time his/her barrier will last.
  - e. If the SNAPET worker has sufficient reason to believe that a participant's mandatory status needs to be reevaluated following the assessment, this determination will be communicated to the EW through a VaCMS Alert. Copies of all documentation must be forwarded to the EW at the time the reevaluation is requested.
4. Plan of Participation
- a. For initial assessments and reassessments, the SNAPET worker must develop a written Plan of Participation with the participant, recording the outcome of the assessment.
    1. For participants placed in an active status, the Plan must:
      - a. state the component to which the participant is assigned; the specific responsibilities of the participant and the agency, including, but not limited to, the expected levels of participation, attendance and/or the requirement to return information to the SNAPET worker and report changes which impact employment and/or participation;
      - b. identify the component begin and end dates;
      - c. describe the supportive services needed by the participant to carry out the assignment;
      - d. describe a plan for monitoring the participant's progress while he/she is participating in a component.
    2. For participants placed in a pending or inactive status, the Plan must document:
      - a. that active participation will not be required at this time;
      - b. the time frame of the placement;
      - c. the reason a participant's ability to participate is restricted.

3. A new Plan must be completed whenever the participant is assigned to a different component. If the participant is reassigned to the same component, the current Plan must be updated. A copy of the updated Plan must be provided to the participant.
  4. Both the SNAPET worker and the participant must sign the Plan if the Assessment is conducted face-to-face.
5. Reassessment
- a. A reassessment must be conducted whenever a participant completes the requirement of a component or when a re-evaluation of an individual's placement in a pending or inactive category is required.
    1. The reassessment must take place no later than 30 calendar days following the completion of the component activity.
    2. Assignments to some categories and/or components may be long-term. In those situations, reassessments must be conducted with the following frequency:
      - a. participants placed in a pending category must be reassessed at least every 2 months;
      - b. participants in education, training and work experience components must be reassessed at the end of the scheduled component's completion;
      - c. participants placed in an inactive category must be reassessed every 6 months or more frequently if circumstances warrant.

Procedures for the reassessment will be the same as the initial assessment procedures that are outlined in Section D.3.

Note: A participant may be reassigned to the same component.

#### D. PROGRAM COMPONENTS

Individuals participating in any program component other than Job Search must be monitored monthly for attendance of scheduled hours. In addition, individuals participating in an education, training and/or work experience component must be monitored for satisfactory progress at periodic intervals.

Note that completion of a SNAPET component assignment does not mean the SNAPET case must close. The SNAPET case must close however if the EW closes the SNAP case.